



Agent Authorization Form

I hereby authorize the below to receive all correspondence, sign all contracts, leases, etc. required by the Knox Metropolitan Housing Authority.

Property Owner: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Who receives the payment: _____ **Owner** _____ **Agent**

Agent Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Agent on behalf of the following property address(es):

Signature of Property Owner

Date