AUTHORIZATION OF AGENT AND ALTERNATE AGENT

I, her	eby appo	int the fo	ollowing in	dividuals to	act on my
(Applicant) behalf as authorized agents for the purpo	se of rec	eiving no	tices and fo	or service c	of process
under § 11-10-104 and § 15-5-105 of the			•		•
(property address)		(city)	, 1V1	(zip)	_,
Multiple Dwelling License number					
Agent:					
Name					
Address					
City	, MD				
Alternate Agent:					
Name					
Address					
City	, MD				
This authorization is effective immediately	y and sha	ıll remain	in effect u	ıntil writteı	n notice of
change or revocation is submitted.					
(Applicant Signature)	(Title)				(Date)
STATE OF MARYLAND					
COUNTY OF	(or Ci	ty of Balt	imore), to	wit:	
Sworn to and subscribed before me by		(affiant)	on this	day of __	
20					
(Notary Seal)		Notary	e of Notary Public Public mission expires:		