



Short-Term Vacation Rental Certificate Application

Agent Affidavit

Street Address of Subject Property: _____
(ADDRESS OF SUBJECT PROPERTY)

_____, is hereby authorized TO ACT ON BEHALF OF _____, the owner(s) of those lands described within the attached application and as described in the attached deed or other such proof of ownership as may be required in applying to Walton County, Florida for a Short Term Vacation Rental Certificate for the dwelling on the described lands.

By: _____
Signature of Owner

Printed Name of Owner

Signature of Owner

Printed Name of Owner

Address of Owner: _____ Telephone Number (incl. area code) _____

Mailing Address

City _____ State _____ Zip _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence online notarization, this ____ day of _____, 20____, by _____ (Name of Person Acknowledging).

{SEAL}

Signature of Notary Public

Print, Type or Stamp Name of Notary Personally Known: _____

OR Produced Identification: _____

Type of Identification Produced: _____

Commission Number: _____

Expiration Date: _____