



Incorporated Village of Malverne

Building Department

99 Church Street, Malverne New York 11565-1726

Phone: (516) 599-1200 • Fax: (516) 823-0767

AFFIDAVIT OF APPEARANCE

STATE OF NEW YORK

COUNTY OF NASSAU

Date: _____

Application #: _____

I (We), _____, owner(s) of
print name

_____ Malverne, NY hereby authorize

_____, to represent me / us at the _____, 20____

Special Exception / Use and/or Architectural Review Board hearing in connection with Application # _____

to:

By: _____

Signature

Sworn to before me this _____

day of _____ 20_____

Notary Signature



Notary Public stamp / seal