



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), (print name) \_\_\_\_\_, owner(s) of

(address) \_\_\_\_\_ Malverne, NY hereby authorize

\_\_\_\_\_, to represent me / us at the \_\_\_\_\_, 20\_\_\_\_

Zoning Board of Appeals hearing in connection with Application # \_\_\_\_\_ to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

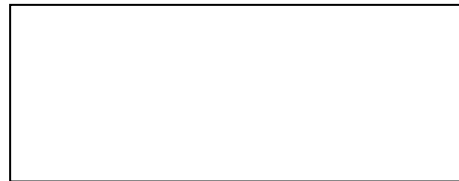
By: \_\_\_\_\_

Signature

Sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Signature



Notary Public stamp / seal