



**TOWN OF MEDWAY**  
**COMMONWEALTH OF MASSACHUSETTS**  
**ZONING BOARD OF APPEALS**

Medway Town Hall  
155 Village Street  
Medway, MA 02053  
Phone (508) 321-4890  
Email: [zoning@medwayma.gov](mailto:zoning@medwayma.gov)  
[Zoning Board of Appeals | Town of Medway](#)

**Representative Authorization Form**

*Board Members*

Brian White, Chair  
Gibb Phenegar, Vice Chair  
Christina Oster, Clerk  
Joe Barresi, Member  
Tom Emero, Member  
Adam Kaufman,  
Associate Member

I, \_\_\_\_\_ certify that I am the  
owner(s) of the property, and I am aware of and authorize the  
submission of this application being submitted by my  
representative \_\_\_\_\_.  
All information submitted is accurate to my knowledge.

\_\_\_\_\_  
Property Owner Name

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Parcel ID

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Zoning District

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

**Please Note:** *This form must be returned to the Zoning Board of Appeals when submitting the application if being completed by a representative or it will be incomplete until this form is completed.*