

Agency Commitment Form

The following named parties, _____ and _____, do agree to create an agency relationship regarding the property located at:

Designating Party:

Print name/Title

Signature/Date

Phone #: () _____ Fax #: () _____

Address: _____

Agent:

Print name/Title

Signature/Date

Phone #: () _____ Fax #: () _____

Address: _____

Please return to:
Albany County District Attorney's Office
Albany County Judicial Center
6 Lodge Street, 4th Floor
Albany, New York 12207
Attention: Trespass Affidavit Program