## **Agency Commitment Form**

	The following named parties,	and	
Designating Party:  Print name/Title  Signature/Date  Phone #: ( ) Fax #: ( )  Address:  Print name/Title  Signature/Date	relationship regarding the prope	rty located at:	, do agree to create an agency
Print name/Title  Signature/Date  Phone #: ( ) Fax #: ( )  Address:  Agent:  Print name/Title  Signature/Date			
Signature/Date         Phone #: ( ) Fax #: ( )         Address:         Print name/Title         Signature/Date			
Agent:  Print name/Title			
Print name/Title Signature/Date	Address:		
Signature/Date	Agent:		
	Print name/Title		
Phone #: ( ) Fax #: ( )	Signature/Date		
Address:			

Please return to: Albany County District Attorney's Office Albany County Judicial Center 6 Lodge Street, 4<sup>th</sup> Floor Albany, New York 12207

Attention: Trespass Affidavit Program