

# AUTHORIZATION SIGNATURES

This form **MUST** be signed by both the submitting firm and the property owner.



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**Company Name** \_\_\_\_\_

**Project Name** \_\_\_\_\_

**Category** \_\_\_\_\_

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## SUBMITTING COMPANY:

\_\_\_\_\_  
NAME OF REPRESENTATIVE (PLEASE PRINT)      SIGNATURE      DATE

## SITE / PROPERTY OWNER:

\_\_\_\_\_  
NAME OF REPRESENTATIVE (PLEASE PRINT)      SIGNATURE      DATE

## WITNESS:

\_\_\_\_\_  
NAME OF REPRESENTATIVE (PLEASE PRINT)      SIGNATURE      DATE

**Fax to 905.875.3942**