

# 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** \_\_\_\_\_

*The following information will not be published or forwarded. This copy is required for internal legal purposes only.*

## 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**

