

LETTER OF AUTHORIZATION

COMPANY NAME: _____
COMPANY ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE NUMBER: _____
FAX NUMBER: _____
E-MAIL: _____

I, THE UNDERSIGNED DO HEREBY AUTHORIZE THE FOLLOWING INDIVIDUALS TO ACT AS MY AGENT(S) IN OBTAINING PERMITS IN THE **CITY OF TARPON SPRINGS, FLORIDA.**

NAME OF AGENT(S)

THIS LETTER SUPERSEDES ANY PREVIOUSLY SUBMITTED LETTER(S) OF AUTHORIZATION. THIS LETTER WILL DELETE AND REPLACE ANY PREVIOUS AUTHORIZATION LETTER AND THE INFORMATION CONTAINED THEREON. THIS AUTHORIZATION IS TO REMAIN IN EFFECT, UNLESS CANCELLED IN WRITING BY THE UNDERSIGNED.

NOTARY PUBLIC

SIGNATURE OF LICENSE HOLDER

TYPED OR PRINTED NAME

LICENSE NUMBER

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____, day of _____, 20____
by _____
(Printed or typed name of License Holder)

(Signature of Notary)

Personally Known _____, OR Produced Identification _____

(Type of Identification Produced)

(Notary Seal or Stamp)