OKALOOSA COUNTY DEPARTMENT OF GROWTH MANGEMENT

LETTER OF AUTHORIZATION

****This Authorization Letter SUPERSEDES ALL PREVIOUS LISTS on file unless otherwise indicated ****

, LICENSE HOLDER for			(company name) do certif
that the person(s) listed below are the <u>ONLY</u> authorized personnel to that I am responsible for ALL permits purchased under my license numbers.	purchase permits, call for	nspections, or sign documents on my behalf. <u>I</u>	license holder for the above company, realize
Print/Type Name of Authorized Individual Must be Legible	Phone Number	Email Address	ADD / REMOVE Must be completed
1.			
2.			
3.			
4.			
5.			
6.			
If at any time the person(s) you have authorized is/a of ALL changes. NO ONE can be ADDED or I further submit that I am knowledgeable of Florida Statutes, Cha laws inherent in the privilege by issuance of such permits.	REMOVED withou	t authorization from the license hold	er of the above stated company.
XLICENSE HOLDER'S SIGNATURE			DATE FORM SIGNED
EMAIL ADDRESS			PHONE NUMBER
			THORE NUMBER
STATE OF	of □ physical appearanc	e or □ online notarization, this , who is personally	(SEAL)
(Name of pe known to me or who has produced	rson acknowledging) of identification)	as identification.	(22.22)
(Signature of person taking acknowledgment)		(Name typed, printed or stamped)	
(Title or Rank)		(Serial Number, if any)	