Authorized Agent Form

l,	of		/
(Print Name of Business Owner/Principal)	(Pri	nt Business Name)	
Do hereby authorize the following to act as my	/ Agent(s) in submitting per	mit applications on behalf	of my company, within the
corporate limits of the City of Austin. I unders			
Agent(s) and that the individual must exhibit t	his authorization form to th	ne permitting staff upon re	quest. I further acknowledge
that this original authorization form is to rema	in in my permit file for lega	al reference purposes. It is	agreed that the Agent(s) named
below may act as the primary contact for requ			ons. I understand that it is my
responsibility to update my file with the City o	f Austin upon change of au	thorized agent status.	
	H A F		
Persons named below are authorized and app	roved to submit permit app	olication data and to obtain	any right of way permits in
regards to the Business:		2	
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1.	- 第(+) 第- 个		
Print Name of Authorized Agent	Company Name	E-Mail Address	Phone #
		7 \^\	
2.			
	8/4		
Print Name of Authorized Agent	Company Name	E-Mail Address	Phone #
3.		/ /	
			_
Print Name of Authorized Agent	Company Name	E-Mail Address	Phone #
4.		3	
		(8)	
Print Name of Authorized Agent	Company Name	E-Mail Address	Phone #
Time Name of Nation2ed Agent	V Teompanyivanie	L Wall Madress	Thoric "
5.			
J			
Print Name of Authorized Agent	Company Name	E-Mail Address	Phone #
Time Name of Authorized Agent	company wante	L Wall Address	THORE #
ANITMESS OUR HANDS THIS	DAVOE		
WITNESS OUR HANDS, THIS I, the undersigned, representing the Business,			wasting on this forms and on
	•	ir, under oath, that all infor	mation on this form and on
accompanying documents are true and correc	ι.		
Approved: City of Austin			
For the City of Austin Department of Transportation		RINTED NAME	
	Owne	er/Principal	
		ICNATURE	
		IGNATURE	
STATE OF TEVAS	Own	er/Principal	
STATE OF TEXAS			
COUNTY OF	THE DAYOR		
SWORN TO AND SUBSCRIBED BEFORE ME ON	IIIL DAT OF,	_·	

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NOTARY PUBLIC SIGNATURE