

**Lake Worth Drainage District Right-of-Way Permit Application  
Owner/Applicant Signature Authorization**

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

**Record # (if available):** \_\_\_\_\_

I hereby designate and authorize the agent listed below to act on my behalf, as the agent in the processing of this application for the permit and/or proprietary authorization indicated above; and to furnish on request supplemental information in support of this application. In addition, I authorize the below-listed agent to bind me, or my corporation, to perform any requirement which may be necessary to procure the permit or authorization.

**Printed Name of Authorized Agent:** \_\_\_\_\_

**Signature of Authorized Agent:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Typed/Printed Name of Owner/Applicant:** \_\_\_\_\_

**Signature of Owner/Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_