## Lake Worth Drainage District Right-of-Way Permit Application Owner/Applicant Signature Authorization for a Corporation/Entity

I hereby designate and authorize the agent listed below to act on my behalf, or on behalf of my \_\_\_\_\_, as the agent in the processing of corporation applications for the permit and/or proprietary authorization indicated above; and to furnish on request supplemental information in support of these applications. 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. Check one of the boxes below and fill in the relevant information: This authorization is limited to / Record # (if available) This authorization applies to all applications submitted by Printed Name of Authorized Agent: Signature of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_ \*Printed Name of Corporation/Entity: Name of Corporate Officer/Entity Official: Corporate Officer/Entity Official Title: Signature of Corporate Officer/Entity Official: \_\_\_\_\_ Date: \*The Corporation/Entity must be the same as the Owner/Applicant on the application form. If this is not the case, the corporate relationship shall be described below:

This form shall be completed in its entirety. Partially completed forms will not be accepted.