

AUTHORIZATION FORM FOR EZ PERMITS

Expires 1 year from the date listed

Payment will be via Credit Card Escrow

Please note: if Escrow is checked and sufficient funds are in the escrow account, fees will be automatically withdrawn from your Escrow Account for applications submitted through the EZ Permit process.

Date: _____

I hereby name and appoint the below listed individual(s) as an agent of:

(Name of Company)

to be my lawful attorney-in-fact to act for me to apply for, receipt for, sign for and do all things necessary to obtain permits via the EZ Permit program:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

License Holder Name: _____

State License Number: _____

License Holder Email: _____

Signature of License Holder: _____

STATE OF FLORIDA)
COUNTY OF _____)

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization, this _____ day of _____, 20____, by _____ (name of person acknowledging), who is [] personally known to me; or [] has produced _____ as identification.

Signature of Notary

(Notary Seal)

Print or type Notary name
Notary Public - State of _____
Commission No. _____
My Commission Expires: _____