

Authorized Agent Form
Community Improvement Department
City of South Pasadena

My employee(s) listed below are hereby authorized to act as my agent(s) in securing permits for the City of South Pasadena. I understand that I am responsible for all work done by my agent(s).

Business Name (printed): _____
License No: _____
License Holder Name (printed): _____
License Holder Signature: _____

Agent(s):

Name (printed): _____
Name (printed): _____
Name (printed): _____
Name (printed): _____

This form:

Replaces all other previous authorized agents _____
Is to be added to all other previous authorized agents _____

DATED this _____ day of _____, 2021.

[Affiant's signature]

[Affiant's printed name]

STATE OF FLORIDA)
)
COUNTY OF PINELLAS)

Sworn to (or affirmed) and subscribed before me by means of ____ physical presence or ____ online notarization this ____ day of _____, 2021, by [Affiant's name], as [Affiant's title, if applicable] of [Affiant's company name, if applicable], [_____] who is personally known to me or [_____] who produced _____ as identification.

NOTARY PUBLIC, State of Florida at Large

Print Name: _____
Commission Number: _____
NOTARY SEAL
My Commission Expires: _____

