



Authorized Agent Form
Community Improvement Department
City of South Pasadena
6940 Hibiscus Avenue S South Pasadena, FL 33707
Ph. 727-343-4192 Fax 727-381-4819

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): _____

Signature: _____

Name (printed): _____

Signature: _____

Name (printed): _____

Signature: _____

Name (printed): _____

Signature: _____

Name (printed): _____

Signature: _____

This form:

Replaces all other previous authorized agents _____

Is to be added to all other previous authorized agents _____

License Holders signature must be notarized

The foregoing instrument was acknowledged before me this _____ day of _____, 20____
who produced as identification _____

Seal:

Notary, State of Florida