CITY of HAINES CITY

BUILDING DEPARTMENT

620 EAST MAIN STREET- P.O. BOX 1507 HAINES CITY, FLORIDA 33845 TEL (863) 419-3229 FAX (863) 419-3168

Date _____

To whom this May Concern:

Please be advised by this letter that I, _____ of
License Holder/Property Owner

_____
Company's Name/Property Owner

Hereby authorize_____
Names

To sign and pick up building permits and related documents on my behalf.

_____ _____
Print name ***Signature***

Sworn and subscribed to me before, the undersigned authority,

This _____day of _____ _____

_____
Notary Public

_____ **(SEAL)**
Print Notary Name