

(Please print this form on your company letterhead)

Authorized Permit Signers
for
Josephine County Public Works

As an owner/officer of _____, I authorize the
(Company Name)
following individuals to sign for permit applications for this company.

Name	Title	Signature

(Please attach additional page if needed)

Signature: _____

Printed Name: _____

Title: _____

Phone: _____

Date: _____

Please note that these signatures are valid until February 1st of the year after the signature. The company shall be responsible for submitting this form each year in January. The company is also responsible for updating and submitting a new list as necessary when staff changes occur.