



AGENT AUTHORIZATION FORM

I, _____ of _____, certify that I have
(Permittee) (Permittee Company)

authority to sign and execute contracts on behalf of the Permittee Company, authorize

_____ to work under encroachment permit _____,
(Agent Company) (Permit No.)

including all conditions and code requirements outlined therein. The work is to be

completed at _____ and includes the following;
(Address)

(describe work to be completed)

I understand that the liability insurance on file when I was issued the permit shall remain in effect for all work completed by the Agent.

I will notify the City of San Luis Obispo Public Works Department immediately of any changes in this relationship.

PERMITTEE:

AGENT:

Signature Date

Signature Date

Name Printed

Name Printed

Phone Number

Phone Number