



### 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