



AUTHORIZED SIGNATURE FORM

City of Tupelo | Department of Development Services

Mail: P O Box 1485, Tupelo, MS 38802-1485

Phone: (662) 841-6510 Fax: (662) 841-6550

Email: permits@tupeloms.gov

LICENSE HOLDER NAME	MS STATE LICENSE #	COMPANY NAME

AUTHORIZED PERSON	JOB TITLE	SIGNATURE

I hereby authorize the above listed person(s) to sign the City of Tupelo Department of Development Services' Permit and Inspection card on my behalf, thereby validating my permit for the job listed on said permit and card. (1) I reserve the right to withdraw authorization for the above listed person(s) at any time by giving written notice to the Department of Development Services.

Signature of License Holder

Date

1. The AUTHORIZED PERSON must an employee the LICENSE HOLDER.
2. No permit will be issued to the AUTHORIZED PERSON until Email conformation of approval from the LICENSE HOLDER has been received.
3. If not signed in the presence the of DEPARTMENT OF DEVELOPMENT SERVICES Notarized original must be submitted.

MISSISSIPPI NOTARIAL CERTIFICATE (JURATE)

State Of Mississippi

County of _____

Signed and sworn (or affirmed) before me of _____ (date) by
_____ (name(s) of persons(s) making statement)

(seal)

(Notary Public)

My Commission Expires _____