

AUTHORIZED REPRESENTATIVE STATEMENT

Provide the name(s) and telephone number of the person(s) who has (have) been designated the responsibility within the following areas:

Project / Owner Name: _____

Project Address: _____

NAME

TELEPHONE NUMBER

Developer/Contractor: _____

Fiscal Management Officer: _____

1. PERSON(S) AUTHORIZED TO SIGN CHECKS

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

TELEPHONE: _____

TELEPHONE: _____

SIGNATURE: _____

SIGNATURE: _____

2. PERSON(S) AUTHORIZED TO SIGN REIMBURSEMENT PACKAGES

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

TELEPHONE: _____

TELEPHONE: _____

SIGNATURE: _____

SIGNATURE: _____

3. PERSON(S) AUTHORIZED TO SIGN CONTRACTS

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

TELEPHONE: _____

TELEPHONE: _____

SIGNATURE: _____

SIGNATURE: _____

*Persons Authorized to Pick-up Reimbursement Checks

*** FACSIMILE SIGNATURES REQUIRED AND MUST BE BONDED**