



Goleta Water District
4699 Hollister Avenue
Goleta, CA 93110-1999

AUTHORIZATION OF AGENT

Please supply all of the information below, including signatures. All signatures **must** be completed. If one or more of these signatures are the same, simply re-sign. Thank you.

I hereby authorize the following person to act as my agent for the property located at:

PROJECT STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ASSESSOR'S PARCEL NUMBER: _____

OWNER

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DAYTIME PHONE: _____

EMAIL: _____

PRINT NAME: _____

OWNER SIGNATURE: _____

TITLE: _____

(Property Owner, Partner, Corporation Officer, etc.)

DATE: _____

AGENT

NAME: _____

FIRM NAME (IF ANY): _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DAYTIME PHONE: _____

EMAIL: _____

PRINT NAME: _____

AGENT SIGNATURE: _____

DATE: _____