



City of Greenacres

Building Department
5800 Melaleuca Lane Greenacres Florida 33463-3515
Ph: 561-642-2053 Fax: 561-642-2049 www.ci.greenacres.fl.us

AUTHORIZED SIGNATURE FORM

Company Name _____

Address _____
(City) (State) (Zip)

Phone (_____) _____ Fax (_____) _____

Qualifier's Name _____

I hereby authorize the City of Greenacres Building Department to issue permits based on the signature for the above referenced company to:

_____ Print name of authorized person	_____ Signature of authorized person
_____ Print name of authorized person	_____ Signature of authorized person
_____ Print name of authorized person	_____ Signature of authorized person

I certify, that the above person or persons are employed by the company, and I understand that I am fully responsible and legally bound for all acts performed under the above referenced company.

_____ Print Name of Qualifier	_____ Signature of Qualifier	_____ Date
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NOTARY PUBLIC

STATE OF _____
COUNTY OF _____

The forgoing instrument was acknowledged before me this _____ date by the applicant, _____ who is personally known to me or who has produced _____ as identification and who did not take an oath.

Notary Signature _____ **SEAL:**