

AFFIDAVIT GRANTING AUTHORITY TO ACT

Date: _____

Violation Number(s): _____.

My name is _____.

I **SWEAR** to the following:

1) I am the owner or a corporate officer of _____,
Full Name of Business

located at _____
Full Business Address

2) I authorize _____, whose telephone
Name of Authorized Representative

number is _____, and whose e-mail address is

to enter into a payment plan agreement for
the above violation on behalf of my business.

3) I understand that I or my business will be bound by the terms of the payment
agreement signed by my authorized representative.

Sworn to before me this _____ day
of _____, 200_____

(Signature of owner/corp. officer)

(Print Name)

NOTARY PUBLIC

OR

CORPORATE SEAL