



AFFIDAVIT GRANTING AUTHORITY TO ACT

Date: _____

Violation Number (circle one code): PL / LL / CL / TP / WH / OL / WS _____

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 settlement 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 settlement agreement
signed by my authorized representative.

Signature of Owner/Corporate Officer

Sworn to before me this _____ day
of _____, 20____

Print Name

Notary Public

OR

Corporate Seal