

## 1-B East Jefferson Street/ Post Office Box1799, Quincy, FL 32353 Phone# 850-875-8665 Fax: 850-875-7280

## Letter of Authorization

This letter serves as notice that on this date,				
I,				
of	(Owner/Contractor Name)	)	Contractor License	#
Address	(Company Name)	Citv	St	Zip
	thorization to Name_			
Address		City	St	Zip
Ph	Cell Ph	Fax	Email	
Job Site Address		City	St	Zip
State of Florid Gadsden Coun	da			
Sworn and subscribed before me by 20			_, thisDay of	
Notary Signatu	re:			
Print Name:	Seal			
Personally Kno		oduced Identification		
Driver's License	Number/Other			