DEPARTMENT OF RESOURSE MANAGEMENT

JAMES BEZEK Director (707) 784-6765

TREY STRICKLAND Environmental Health Manager (707) 784-6765



675 Texas Street, Suite 5500 Fairfield, CA 94533-6342 (707) 784-6765 Fax (707) 784-4805

www.solanocounty.com

Environmental Health Division

AGENT AUTHORIZATION

I,	, owner of property at
(Print Name)	
(Street Address)	,
A.P. No(If Possible)	, do hereby authorize
	, to act as my agent in
(Print Name)	
obtaining permit(s) from the County of Solano Envir	conmental Health Division for work which shall be performed at
the above listed address. Description of work to be d	done:
(Date) Property Owner Address:	(Signature of Property Owner)
Property Owner phone:	
Property Owner e-mail:	

Please be aware that this form can either be NOTARIZED, or can contain a photocopy of the owner's driver's license as an attachment

(Please note that the signature of the owner's driver license must match the signature of this form)