

# Public Service Request for Municipal Services(s) Authorization for Representation Form

**Name(s)**

is/are hereby authorized to represent

**Service Group/Organization/Agency**

for the purpose of annual municipal service(s) request for (year)

Or for the purpose of:

**Event**

**Date**

Signatures of two (2) offers/members of the Service Group/Organization/Agency Requesting Municipal Service(s)

**Name**

**Name**

**Position/Title**

**Position/Title**

**Email Address**

**Email Address**

**Phone**

**Phone**

**Mailing Address**

**Mailing Address**

# Thank You

Change the text for this message.