

CITY OF FULSHEAR
CERTIFICATE OF OCCUPANCY AUTHORIZATION FORM
Authorization Form to Act on Behalf of the Owner

This is to certify that I, _____
(Print Name of sole owner, general partner, or corporation officer)

Am the true Owner of the Business described below:

(Proposed address of business you intend to occupy):

(Type of business you intend to operate):

**I FURTHER CERTIFY THAT THE PERSON(S) NAMED
BELOW IS/ARE AUTHORIZED TO ACT ON MY BEHALF IN
EXECUTING AND PROCESSING AN APPLICATION FOR
THE CITY OF FULSHEAR CERTIFICATE OF OCCUPANCY
RELATING TO THE AFOREMENTIOINED BUSINESS ESTABLISHMENT**

Name of Person(s) to act on behalf of owner:

Address/es of Person(s) to act on behalf of owner:

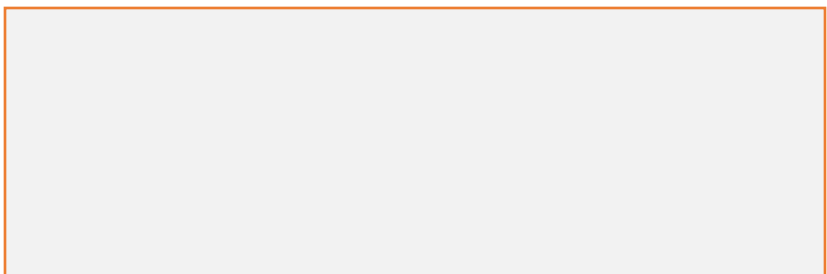
(Signature of Business Owner)

(Date)

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

(Notary Public)

My Commission Expires: _____



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