



Instructions For Completing The Letter Of Authorization

Completed forms will be sent to the appropriate Structure Access group found here: [Structure Access Points of Contact](#)



Letter of Authorization

Authorizing Entity: _____ Address: _____
 License/SA Agreement or LSB #: _____ City: _____ State: _____
 Authorizer Name: _____ Zip: _____ Tel #: _____
 Authorizer Title: _____ Authorizer Email: _____

I _____ authorize the following changes listed below on behalf of _____.

Signed : _____ Date: _____

Send the completed form to the appropriate Structure Access group found here: [Structure Access Points of Contact](#)

Authorized Entity		Authorization Action	Primary Contact	Legal Contact	Structure Access Contact	Billing Contact
Company						
Name(s)		Notes				
Address						
Telephone #						
Email						
Affected Locations						
Effective Date						
Company						
Name(s)		Notes				
Address						
Telephone #						
Email						
Affected Locations						
Effective Date						



Letter of Authorization Cont'd

Authorized Entity				Authorization Action	Primary Contact	Legal Contact	Structure Access Contact	Billing Contact
Company								
Name(s)				Notes				
Address								
Telephone #								
Email								
Affected Locations								
Effective Date		Inactive Date						
Company								
Name(s)				Notes				
Address								
Telephone #								
Email								
Affected Locations								
Effective Date		Inactive Date						
Company								
Name(s)				Notes				
Address								
Telephone #								
Email								
Affected Locations								
Effective Date		Inactive Date						