

# Landowner Authorization

## LEGAL LANDOWNER INFORMATION

Legal Landowner's Name (as listed on the property deed):

Telephone Number:

Current Mailing Address (include zip code):

## TYPE OF OPERATION

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> General Partnership     | <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Estate                             |
| <input type="checkbox"/> Joint Venture           | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Charitable/Tax-exempt Organization |
| <input type="checkbox"/> Sole Proprietorship/DBA | <input type="checkbox"/> Revocable/Living Trust    | <input type="checkbox"/> Other:                             |
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Irrevocable Trust         |   |

## MEMBER INFORMATION

NAME	OWNERSHIP %	DOES THIS MEMBER HAVE SIGNATURE AUTHORITY FOR THE LEGAL ENTITY	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO

## LEGAL LANDOWNER SIGNATURE

I certify as a representative of the above mentioned entity that all individuals listed above and indicated as YES do have signature authority and that all information is true and correct. Sign and print your name.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date