Authorized Agent Form
Contractor

City of Rialto
Building and Safety
150 S. Palm Ave
Rialto, CA 92376
(909) 820-2505
rialtobuilding@rialtoca.gov

Company Name: _____

Contractor License Holder Name: _____

Contractor's License No: _____

Business License No: _____

The undersigned individual(s) is/are employed by my company and are authorized to sign permit(s) from the City of Rialto on my behalf. If this list changes, we will contact your office in writing. **This letter will expire 1 year after the date signed.**

THE BELOW LISTED EMPLOYEES ARE AUTHORIZED TO SIGN FOR PERMITS UNDER MY CONTRACTOR'S LICENSE NUMBER:

Print Name(s) of authorized employees:

_____

_____

_____

_____

_____ _____

Signature of Contractor Licensed Holder
Date (To be signed & dated in the presence of a Notary)

THIS DOCUMENT MUST BE NOTARIZED

STAMP NOTARY SEAL HERE AND ATTACH SEPARATE NOTARY ACKNOWLEDGMENT TO VERIFY SIGNATURE OF LICENSED CONTRACTOR