

AS FEE SIMPLE OWNER OF THE PROPERTY REFERENCED IN THE WASTEWATER CAPACITY RESERVATION APPLICATION, I HEREBY AUTHORIZE _____ TO SUBMIT. *(Printed Name of Representative)*

- A WASTEWATER CAPACITY RESERVATION APPLICATION ON MY BEHALF.
- SIGN A VALIDATION FROM ON MY BEHALF IF APPLICABLE.

THIS AUTHORIZATION:

(Check one)

DOES **DOES NOT** - AUTHORIZE MY REPRESENTATIVE TO MAKE CHANGES OR CORRECTIONS TO THIS APPLICATION.

(Check one)

DOES **DOES NOT** - AUTHORIZE MY REPRESENTATIVE TO OBTAIN A COPY OF THE RESERVATION LETTER AFTER PROCESSING BY THE CITY OF HOUSTON.

(Check one)

DOES **DOES NOT** - AUTHORIZE MY REPRESENTATIVE TO SIGN A VALIDATION FORM RESERVING CAPACITY.

(Printed Name of Representative)

(Printed Name of Fee Simple Owner)

(Signature of Representative)

(Signature of Fee Simple Owner)

(Date)

(Date)

Building Address

Impact Fee Administration
1002 Washington Avenue
Houston, TX 77002

Mailing Address

Utility Analysis Section
P.O. Box 2688
Houston, TX 77252-2688