ORIGINAL REQUIRED

FAX PERMIT REGISTRATION & CREDIT CARD AUTHORIZATION

City of San Leandro
Building and Safety Services
835 East 14th Street
San Leandro, CA 94577

"I, _____* [**authorized person**], give the City of San Leandro permission to accept any of the signatures that appear below, on a permit being issued in-lieu of my signature at the counter. In addition, I hereby grant the use of my credit card for the payment of applicable fees permit fees.

I certify under penalty of perjury, that I will comply with all declarations and agreements on the permit, which bears my signature or my representative's signature, and the requirements of the City of San Leandro."

The following authorized representative(s) and their employees have my permission to sign and take receipt of construction permits in the name of my company. (list each employee)

_____ _____
Employee Name (Type-Print) Signature

_____ _____
Employee Name (Type-Print) Signature

_____ _____
Employee Name (Type-Print) Signature

_____ _____
Employee Name (Type-Print) Signature

Contractor information:

_____ _____ _____
Contractor Name Signature Date

Company Name _____

Address _____

Phone (_____)_____ Fax (_____)_____

E-mail _____ CSLB License # _____ Classification(s) _____

Credit Card Information:

CARD # _____ - _____ - _____ - _____ EXPIR. DATE: _____ CARD TYPE: _____

Name as it appears on card _____ Signature_____

Billing Address: _____

Note: * Authorized Person must be listed on the Contractor State License Board Personnel List. * This registration must be renewed with renewal of State Contractors License.

CSLB Exp Date	**Work Comp # Exp. Date**	**SL Bus Lic # Exp. Date**	**Approved By**	**Date**