

SIGNATURE AUTHORIZATION FORM

Authorized Signatures For Requests for Payment on CDBG Account	
Community Name:	Address:
Contract Number (if established):	Phone:
Typed Name and Authorized Signature	Typed Name and Authorized Signature
Typed Name and Authorized Signature	Typed Name and Authorized Signature
I certify that the signatures above are of the individuals authorized to sign Request for Payment.	
Date and Signature of Local Elected Official	