



ORGANIZATIONAL AUTHORIZATION

P.O. Box 2002
Buena Vista, CO 81211
719-395-8643
www.buenavistaco.gov

Project Address
Submit Date
Town Use Only

I, _____ hereby attest that I am duly authorized to act on behalf of

- Limited Liability Company (LLC)
 Agency
 Nonprofit
 Association

Other: _____

for the purpose of submitting application and associated documentation to the Town of Buena Vista.

Name: _____

Signature: _____

Date: _____ day of _____ 20____

For Notary Use Only

State of _____

County of _____

Subscribed and affirmed before me in the county of _____, State of _____, This

_____ day of _____, 20____ by _____



(Notary's official signature)

(Commission expiration date)