

Facilities Development Division www.oshpd.ca.gov/fdd
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Phone (213) 897-0166 FAX (213) 897-0168



Letter of Authorization
(Agent for Legal Applicant)

OSHPD #: [Empty box]

To: Office of Statewide Health Planning and Development

I hereby authorize _____ (Name) _____ (Title)

To be known as the "Agent for Legal Applicant" in accordance with your Application for Plan Review and as "Owner" on Building Permit and Change Order forms, for the facility known as

_____ Facility # _____

Date: _____

Signature: _____

Name: _____

Title: _____

Address: _____

Phone: _____