AGENT AUTHORIZATION FORM

Project Information	
Project Name and Number	
Project Location	
Developer Information	
Developer/Owner Name	
Mailing Address	
Phone #	
Email	
Authorized Agent Information	
Agent Name/Company	
Mailing Address	
Phone	
Email	

Authorization Statement
I, the undersigned **Developer/Owner**, hereby designate the above-named **Authorized Agent** to act on the Company's behalf in all matters related to the **Diablo Water District** project identified above. This includes, but is not limited to: • Submitting applications, plans, and documents • Receiving correspondence and approvals • Coordinating inspections and meetings • Signing forms and agreements related to the project This authorization remains in effect until **written revocation** is submitted to **Diablo Water District.**

Signatures	
Developer/Owner Signature	
Name and Title (Print)	
Date	

Authorized Agent Signature	
Name and Title (Print)	
Date	

FOR DISTRICT USE ONLY
Received By:_____ Date: _____

Effective July 22, 2026