



A Community Partner,
Helping People to Help Themselves

Walla Walla Housing Authority

501 Cayuse Street
Walla Walla WA 99362
509-527-4542 * Fax 509-527-4574
Hearing-impaired, please use relay service
www.wallawallaha.org * wwha@wallawallaha.org



AUTHORIZATION FOR SIGNING AGENT

I, _____, legal owner, do hereby authorize
(print name)

_____ to act as an authorized signing agent on my
(print name of authorized agent)

behalf. He/She may sign documents pertaining to my business, financial items, contracts, etc. that requires a signature on my behalf.

Signature of Legal Owner Date

Signature of Authorized Signing Agent Date

TO BE COMPLETED BY A NOTARY PUBLIC

SUBSCRIBED AND SWORN TO BEFORE ME THIS

day of _____

Notary Public Signature

Residing in Walla Walla; My commission expires _____ *[SEAL]*