



City of Aventura
Community Development Department
19200 West Country Club Drive, 4th Floor
Aventura, Florida 33180

Telephone: 305-466-8937 * Fax: 305-466-8949

Authorization for Permit Pick-up

Date: _____

I, _____, as qualifier for _____,

located at _____,

hereby designate the following person(s) to pick up permits on my behalf :

Print Name of Designated Person

Signature of Designated Person

Print Name of Designated Person

Signature of Designated Person

Print Name of Designated Person

Signature of Designated Person

Print Name of Designated Person

Signature of Designated Person

NOTE: This authorization shall only be valid until September 30th of each fiscal year.

Print Name of Qualifier

Signature of Qualifier

STATE OF _____

COUNTY OF _____

The foregoing instrument was Sworn to and Subscribed before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification.

Print Name of Notary Public

Signature of Notary Public

My Commission Expires _____

NOTE: A VALID PICTURE ID WITH A SIGNATURE WILL BE REQUIRED FROM EACH DESIGNATED PERSON.