



## Property Management Authorization



Effective Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

Owners Name(s) \_\_\_\_\_

\_\_\_\_\_

Property Manager or Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Agent Name: \_\_\_\_\_

By signing below, you certify that the above information is correct and authorizes the property manager or company shown above to establish and maintain services for the above location with the City of Gastonia and Two Rivers Utilities.

\_\_\_\_\_  
Property Manager/Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date