



CITY OF CAPE CORAL
Department of Community Development
P.O. Box 150027
Cape Coral, FL 33915-0027

Date: _____

License Holder: _____
(Print)

Company Name: _____
(Print)

This form is to serve as written notification that I, the license holder, authorize the release of the new universal pin # required to use for scheduling to the following person who works for my company. I furthermore understand that this pin will grant this person access to all my jobs that have my name attached.

Name of the person authorized to release pin # to: _____

Signature of License Holder: _____

STATE OF _____/COUNTY OF _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____, by
_____ who is personally known or has produced _____
as identification.

(Seal)

Exp Date: _____ Commission Number: _____

Signature of Notary Public: _____

Printed name of Notary Public: _____

THE BUILDING DEPARTMENT WILL NOT BE RESPONSIBLE FOR ANY MISUSE OF THIS PIN