|  |  |  |
| --- | --- | --- |
| CO_logoW | Environmental Management Department  11080 White Rock Road, Ste. 200  Rancho Cordova, CA 95670  Tel: (916) 875-8550  Fax: (916) 875-8513  [www.emd.saccounty.net/](http://www.emd.saccounty.net/) | **LEGAL UST OWNER AUTHORIZATION LETTER** |

Site Address:

City, Zip:

Legal Tank Owner:

Owner’s Address:

City, State, Zip:

Owner’s Phone No:

For the sole purpose of procuring a permit for the installation, upgrade, repair, removal, temporary closure, or permanent closure of underground storage tank (UST) systems at the aforementioned site, I hereby designate the following entity(ies) to act as my authorized representative:

Name(s):

Company:

Address:

City, State, Zip:

I understand that as the applicant for permits for activities regulated under Chapter 6.34 of the Sacramento County Code, I am responsible for compliance with all provisions of that Chapter. I also understand that upon written notification to the Environmental Management Department, I may rescind this authorization.

Signed: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed: **­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Company:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Direct Phone #: ( ) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

10/6/2020 W:\Data\FORMSARCHIVE\HM\UST\UST\OWNER AUTHORIZATION LETTER.doc