CITY OF EL CERRITO

Contractor/

10890 San Pablo Avenue Ph: 510-215-4382

PUBLIC WORKS DEPT.

El Cerrito, CA 94530 Fax: 510-233-5401

Request for Fax Engineering Permit Service (clearly print or type)

| Street address | | | |
|--|-----------------------------------|--------------------|-----------------------------------|
| City | | Zip Code | |
| City | | zip Code | |
| Phone No. | | Fax No. | |
| Contractor License No. | | Expiration Date | |
| El Cerrito | | Expiration | |
| Business Number | | Date | |
| The undersigned give the City of El Cerrito Public Works Department permission to accept a facsimile of my signature on a faxed permit application in lieu of my original in-person signature at your office. I hereby certify that I will comply with any and all declarations and agreements on the faxed permit application that bear my signature. The following people have my permission to use my credit card to obtain fax permits in the name of my company: | | | |
| • | | o use my cre | dit card to obtain fax |
| permits in the nam | | o use my cre | dit card to obtain fax Signature |
| permits in the nam | e of my company: | o use my cre | |
| permits in the nam | e of my company: | o use my cre | |
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| permits in the nam | e of my company: | o use my cre | |
| permits in the nam | e of my company: (print or type) | o use my cre | |
| Name Contractor's name | e of my company: (print or type) | | Signature |