



# Authorization of Representative

Mag. Dist. No:	MDJ-51-3-02
MDJ Name:	Honorable Daniel S. Bowman
Address:	45D West Hanover Street Bonneauville, PA 17325
Telephone:	717-334-7810

\_\_\_\_\_

VS.

\_\_\_\_\_

Docket No:  
Case Filed:

**PURSUANT TO PA. R.C.P.M.D.J. NO. 207(B):**

**Individual:**

I designate \_\_\_\_\_ to act as the authorized representative in the above-captioned matter.

Date: \_\_\_\_\_ Name (Print): \_\_\_\_\_  
Signature: \_\_\_\_\_

**Partnership, Corporation or Similar Entity:**

I designate \_\_\_\_\_ to act as the authorized representative of \_\_\_\_\_ in the above-captioned matter.

I further certify that I have the authority to execute this form on behalf of the party and that I am: **(check one)**

- the individual or sole proprietor that is the party;
- an officer of the corporation that is the party;
- a partner of the general partnership that is the party;
- a general partner of the limited partnership that is the party;
- a manager of the limited liability company that is the party;
- an officer of the board of governors of the professional association that is the party;
- a trustee of the business trust that is the party;
- of the public body and body corporate and politic.

Date: \_\_\_\_\_ Name (Print): \_\_\_\_\_  
Signature: \_\_\_\_\_

**Authorized Representative Contact Information:**

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I, \_\_\_\_\_, do hereby verify, to the best of my knowledge, information and belief, that I have personal knowledge of the facts and circumstances of the above-captioned matter.

Name of Authorized Representative (Print): \_\_\_\_\_  
Signature: \_\_\_\_\_