



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

FACILITIES DEVELOPMENT DIVISION – www.oshpd.ca.gov/fdd

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Phone (213) 897-0166

FAX (916) 324-9188

FAX (213) 897-0168

Letter of Authorization

(Agent for Legal Applicant)

Project #:

To: Office of Statewide Health Planning and Development

I hereby authorize _____ (Name) _____ (Title)

To be known as the “Agent for Legal Applicant” in accordance with your Application for New Project and as “Owner” on Building Permit and Change Order forms, for the facility known as

_____, Facility # _____ .

Date: _____

Signature: _____

Name: _____

Title: _____

Address: _____

Phone: _____