

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: _____



Authorization of Representative

Magisterial District Number:

MDJ Name: Hon.

Address:

Telephone:

VS.

Docket No.:

Case Filed.:

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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;

Date:

Name(Print):

Signature:

Authorized Representative Contact Information:

Name:

Address:

City, ST, 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: