



**AUTHORIZATION OF
REPRESENTATIVE
OTORIZASYON POU REPREZANTAN**

Mag. Dist. No:
Nimewo Distri Majistral:
MDJ Name:
Non Jij Distri Majistral la:

Address:
Adrès:

Telephone:
Telefòn:

V. / Kont

Docket No./*Nimewo Lis Dosye.:*
Case Filed/*Ka a Ranpli:*

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/*Dat:* _____

Name (Print)/*Non (Ak lèt detache):* _____

Signature/*Siyati:* _____

SELON PA. R.C.P.M.D.J. NIMEWO 207(B):

Moun nan:
Mwen nome _____
pou aji kòm reprezantan otorize a nan afè ki endike
anwo a.

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/*Dat:* _____

Name (Print)/*Non (Ak lèt detache):* _____

Signature/*Siyati:* _____

Patenarya, Antrepriz oswa Menm Antite:
Mwen nome _____
pou aji kòm reprezantan otorize
_____ nan afè ki endike anwo a.

Anplis, mwen sètifye mwen gen otorite pou m egzekite
fòm sa a nan non pati a epi mwen se: **(tcheke youn)**

- moun oswa sèl pwopriyete ki se pati a;
- yon ajan nan antrepriz la ki se pati a;
- yon patnè nan patenarya jeneral la ki se pati a;
- yon patnè jeneral nan patenarya limite a ki se
pati a
- yon manadjè konpayi responsablite limite a ki se
pati a;
- yon ajan nan konsèy gouvènè a nan asosyasyon
pwofesyonèl la ki se pati a;
- yon fidisyè nan fidisi komèsyal la ki se pati a;



Authorized Representative Contact Information:

Enfòmasyon Kontak Reprezantan Otorize a:

Name/Non: _____

Address/Adrès: _____

City, State, Zip/Vil, Eta, Kòd Postal: _____

Phone/Telefòn: _____

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.

I certify that this filing complies with the provisions of the Case Records Public Access Policy of the Unified Judicial System of Pennsylvania that require filing confidential information and documents differently than non-confidential information and documents.

Mwen, _____, verifye nan dokiman sa a, selon pi bon konesans, enfòmasyon, ak kwayans mwen, mwen genyen konesans pèsonèl sou fè ak sikonstans afè ki endike pi wo a.

Mwen sètifye demann mwen depoze sa a konfòme ak dispozisyon Politik Aksè Piblik nan Dosye Ka Sistèm Jidisyè Inifye Pennsylvania a ki egzije yo depoze enfòmasyon konfidansyèl yon fason diferan ak fason yo depoze dokiman ak enfòmasyon ki pa konfidansyèl yo.

Name of Authorized Representative (Print)/
Non Reprezantan Otorize a (Ak Lèt Detache): _____
Signature/Siyati: _____

