

COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

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Offity,			and I do certify that
	Job Address	,	and I do ocitily tha
the below referenced person(s)	listed on this form is/are under	mv direct supe	ervision and contro
and is/are authorized to purcha			
Printed Name of Authorized	Signature of Authorized	Authorize	d Person is
Person	Person	(Check or	
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NOTARY INFORMATION:	COUNTY OF: Columbia	129420 Number	_ <u>2-20-23</u> Date
NOTARY INFORMATION: STATE OF: Florida The above license holder, whose	COUNTY OF: Columbia	ht	
License Holders Signature (Nota NOTARY INFORMATION: STATE OF: Florida The above license holder, whose personally appeared before me a type of I.D.)	COUNTY OF: Columbia e name is David Albrig and is known by me or has pro-	ht duced identifica	tion ,
NOTARY INFORMATION: STATE OF: Florida The above license holder, whose personally appeared before me a	COUNTY OF: Columbia	ht duced identifica	
NOTARY INFORMATION: STATE OF: Florida The above license holder, whose personally appeared before me a	COUNTY OF: Columbia e name is David Albrig and is known by me or has pro-	ht duced identifica y of Feb	tion ,
NOTARY INFORMATION: STATE OF: Florida The above license holder, whose personally appeared before me a	COUNTY OF: Columbia e name is David Albrig and is known by me or has pro-	ht duced identifica y of Feb (Seal/Stamp)	tion ,



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DAVID ALBRIGHT

COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

give this authority and I do certify that the below

Printed Name of Authorized Person	Signature of Authorized Person		Agents Cor	mpany Name
JAMES WARREN	James Warren		SALES, IN	
STEVE SMITH	Ditw Smil	1	FREEDOM SALES, I	MOBILE HOME
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holder for violations committed document and that I have full in License Holders Signature (No. NOTARY INFORMATION: STATE OF: Florida The above license holder, who	to by him/her or by his/her autoresponsibility for compliance Lice COUNTY OF: County Ose name is DAVID R	horize grante - //a nse N	ed person(s) to ed by issuance 29420 Number RIGHT	hrough this e of such permits /2-20-23 Date
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