



DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION

FACILITIES DEVELOPMENT DIVISION – www.hcai.ca.gov/fdd
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Letter of Authorization
(Agent for Legal Applicant)

Project #: _____

To: Department of Health Care Access and Information

I hereby authorize _____ (Name) _____ (Title)

To be known as the “Agent for Legal Applicant” in accordance with the Application for New Project and as the “Legal Owner, or Authorized Agent” on Building Permit, Post Approval Document, Notice of Start of Construction and other HCAI FDD forms and required documents, for the facility known as

_____, Facility # _____.

Date: _____

Signature: _____

Name: _____

Title: _____

Address: _____

Phone: _____