AGENT CERTIFICATE

This is to certify that the Agent, whose name and address is listed below, is authorized to execute a lease; collect rentals; make emergency repairs; issue notices of cancellation; complete and execute notices of cancellations issued by the Government; and execute a release on my behalf for the property located at _____.
This authorization shall remain in full force and effect until a written cancellation of the agent's appointment is received by the lessee, at the address designated in the lease agreement.

AGENT'S NAME: _____

ADDRESS: _____

_____

PHONE: _____

Sign Here BY: _____

(Signature of Owner or Principal)

DATE: _____

ATTEST:

_____

DATE: _____