

Legal Authorized Representative Form

Client Information

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email: _____

Authorized Representative Details

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email: _____

Authorized Actions

Legal Action	Authorize d	Not Authorized	Comments
Contract Signing	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Transactions	<input type="checkbox"/>	<input type="checkbox"/>	
Property Agreements	<input type="checkbox"/>	<input type="checkbox"/>	
Representation in Court	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	

Authorization Period

This authorization will remain effective until _____ or until explicitly revoked by the client.

Signatures

Client's Signature: _____ Date: _____

Representative's Signature: _____ Date: _____

Witness Information

Name: _____

Signature: _____ Date: _____