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AUTHORIZED SIGNATURE REMOVAL REQUEST FORM

(MUST BE NOTARIZED)

Please remove the following name(s) as authorized signatures on my certificate of competency. The individual(s) is/are no longer empowered to represent me or my company, and I do not want them to be able to pull permits or represent me.

Names: _____

Qualifier (Print Name): _____ Signature: _____

Company Name: _____ Phone Number: _____

Contractor License#: _____

(STATE OF FLORIDA COUNTY OF POLK)

Sworn to and subscribed before me this _____ day of _____ 20____. who is
personally known to me _____ or has produced(#) _____
(type of ID) as identification.

Signature of Notary Public State of Florida

Print, Typed, or Stamped name of Notary

My Commission Expires: _____

(NOTARY SEAL)