COMMONWEALTH C	PENNSYLVANIA		Authorization of Representative
Magisterial District Nur	mber:		·
MDJ Name: Hon.			
Address:			
			VS.
Telephone:			
relephone.			Docket No.:
			Case Filed.:
PURSUANT TO PA. R. Individual: I designate	.C.P.M.D.J. NO. 207(B):	the authorized re	epresentative in the above-captioned matter.
Date:	Name(Print):		
Julio.	N	Signature:	
I designate in the above-caption I am: (check one)  the individual an officer of t a partner of tl a general par a manager of an officer of t an officer of t	or sole proprietor that is the party; he corporation that is the party; he general partnership that is the partner of the limited partnership that is the limited liability company that is he board of governors of the party; he business trust that is the party;	arty; s the party; the party;	execute this form on behalf of the party and that
•	tive Contact Information:		
Name:			
Address: City, ST, Zip:			
Phone:			
I,	do hereby verify	to the best of my	/ knowledge, information and belief, that I have
personal knowledge of the facts and circumstances of the above-captioned matter.			
,	Name of Authorized Represent		****
		Signature:	