

COMAL TRINITY GROUNDWATER CONSERVATION DISTRICT

PO Box 664, Spring Branch, TX 78070

Email: Admin@ComalTrinityGCD.com Phone: 830-885-2130

Signatory Authorization

Well Location Address:

Comal County Property ID #: _____

Property Legal Description: _____

Print Name(s) of Legal Property Owner(s) as it appears on Comal County Recorder's records:

Property Owner's Address if different from the property identified above.

Telephone: _____

The undersigned legal property owner(s) or authorized Corporate Officer of the property, do hereby appoint,

_____, as Signatory to act on behalf of property owner and authorize said representative to perform all binding and non-binding actions required by Comal Trinity Groundwater Conservation District during the application, approval and construction process, including but not limited to, signing, processing, issuance, and acceptance of permit or certification, and in complying with any and all standards and special conditions attached.

I hereby certify the above information submitted in this application is true and accurate to the best of my knowledge with the below signature.

Company Name: _____

1) By: _____, Title: _____
Authorizing Signature (Owner or Officer)

Print Name Date: _____

2) By: _____, Title: _____
Authorizing Signature (Owner or Officer)

Print Name Date: _____

Comal Trinity Groundwater Conservation Signature Authorization Form Notary

BEFORE ME, the undersigned authority, on this day personally appeared, _____,
known to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that
(s)he executed same for purpose and consideration therein expressed.

GIVEN under my hand and seal of office on this ____ day of _____, _____.

NOTARY PUBLIC

Typed or Printed Name of Notary

My Commission Expires: _____