



MURAL LETTER OF AUTHORIZATION

DATE: _____

BUILDING OWNER NAME: _____

ADDRESS (WHERE MURAL IS PLACED): _____

TAX MAP NUMBER: _____

PHONE NUMBER (BULIDING OWNER): _____

COST OF WORK: _____

To Whom It May Concern:

I authorize _____ to place a mural on my building at the address listed above.

I certify that I am the owner of the building where the mural will be placed.

(Signature of Owner)

(Print Name)