



AUTHORIZED SIGNATORY

Contract No.: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date: _____

San Diego Housing Commission
Attn: Labor Compliance Manager
Administrative Services Department
1122 Broadway, Suite 300
San Diego CA 92101

This affirms that the signatories below have the authority under penalty of perjury to affirm that required forms and certified payroll records are originals and are full, true and correct. That forms and certified records depict the Trades, Crafts and Classifications of work performed, the hours and days worked, the amounts by category listed and disbursed by way of cash, check or whatever manner to each person by job classifications and/or skill pursuant to a public works contract.

(1) As identified below, must be an Owner or Officer

(2) As identified below, is the individual delegated to sign/enter payrolls

(1)

(2)

Print Name of Owner/Officer

Print Name of Authorized Signatory

Signature of Owner/Officer

Signature of Authorized Signatory

Title of Owner/Officer

Title of Authorized Signatory

Must be signed in "blue" ink