

FORM 1

EMERGENCY REPAIR PROGRAM SIGNATURE FORM

AUTHORIZED SIGNATURES FOR REQUESTS FOR PAYMENT THE EMERGENCY REPAIR PROGRAM	
1. Grantee Name:	2. Address:
3. Contract Number:	4. Telephone:
TWO SIGNATURES ARE REQUIRED ON EACH REQUEST FOR PAYMENT	
Signatures of Individuals Authorized to Sign Requests for Payment:	
5. Typed Name and Signature	5. Typed Name and Signature
5. Typed Name and Signature	5. Typed Name and Signature
I certify that the signatures above are of the individuals authorized to sign Requests for Payment. (NOTE - The person signing in Box 6 cannot sign Pay Requests)	
6. Signature of Chief Elected Officer/Executive Director	
Date:	

A new signature form must be submitted whenever signatories change.