



# AUTHORIZATION OF REPRESENTATIVE

|                |
|----------------|
| Mag. Dist. No: |
| MDJ Name:      |
| Address:       |
| Telephone:     |

\_\_\_\_\_

v.

\_\_\_\_\_

Docket No:  
Case Filed:

## PURSUANT TO PA. R.C.P.M.D.J. NO. 207(B):

### Individual:

I designate \_\_\_\_\_ to act as the authorized representative in the above-captioned matter.

Date: \_\_\_\_\_ Name (Print): \_\_\_\_\_  
Signature: \_\_\_\_\_

### Partnership, Corporation or Similar Entity:

I designate \_\_\_\_\_ to act as the authorized representative of \_\_\_\_\_ in the above-captioned matter.

I further certify that I have the authority to execute this form on behalf of the party and that I am: **(check one)**

- the individual or sole proprietor that is the party;
- an officer of the corporation that is the party;
- a partner of the general partnership that is the party;
- a general partner of the limited partnership that is the party
- a manager of the limited liability company that is the party;
- an officer of the board of governors of the professional association that is the party;
- a trustee of the business trust that is the party;
- of the public body and body corporate and politic.

Date: \_\_\_\_\_ Name (Print): \_\_\_\_\_  
Signature: \_\_\_\_\_

### Authorized Representative Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, 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.

I certify that this filing complies with the provisions of the Case Records Public Access Policy of the Unified Judicial System of Pennsylvania that require filing confidential information and documents differently than non-confidential information and documents.

Name of Authorized Representative (Print): \_\_\_\_\_  
Signature: \_\_\_\_\_

