

AUTHORIZATION STATEMENT

(One statement per business; please list all individuals on <u>one</u> statement) (Individuals listed below are able to add or take off vehicles for business.)

l,		, owner(s) of			
			Taxi B	usiness, authorize the	
following individuals to	o sign in my/our a	bsence,	in compliance w	vith Title 5, Chapter 2,	
Section 2, of the City	Code of Iowa City	/, Iowa. _			
		_			
(Statement must I	oe signed by ow	ners rep	resenting at lea	ast 51% of business)	
Date	_ Owner(s)				
State of Iowa)) S Johnson County)	 SS:				
On this day of public in and for said				e undersigned, a Notary	
	• .	•		_ to me known to be the	
identical person(s) na and acknowledged th	med in and who e	executed	the within and f	oregoing instrument,	
		Notan	Dublic in and fo	ur the State of Iowa	