

Delegation of Authority Form

I, _____, am the Eligible Lessee or other authorized representative of the

First Name Last Name

property located at _____

Street Address

Unit

State

Zip Code

(the "Property"). I grant to the following delegate full authority to:

- Initiate and submit Home Improvement Project Application(s)
- List and make revisions to the listing of the Property in the Faculty Staff Housing Homes for Sale and Rent List

DELEGATE'S INFORMATION

Name: _____ Company Name: _____
(if applicable)

Email Address: _____ Office Number: _____

Address: _____ Home Number: _____

_____ Mobile Number: _____

I further grant authority for my delegate to delegate to others.

This Delegation of Authority is valid for 12 months from the date of signature shown below, unless revoked. Please sign and submit the completed form to Faculty Staff Housing via:

Mail: Owen House 552 O'Connor Lane Stanford, CA 94305-8540

Email: fshlistings@stanford.edu (Homes for Sale and Rent)

Email: fshprojects@stanford.edu (Home Improvement Project Application)

If you are signing on behalf of an Eligible Lessee, please include copies of your authorizing documents with your submission.

Signature

Date

Email Address

Phone Number