AUTHORIZATION FOR ENTRY OF THE PREMISES

PREMISES LOCATION:		OWNER OF RECORD:	
PIN NUMBER:			
I,	, have requested / a	authorized the Upper Macungie	
Township Zoning & Code Enforcer	ment Officer, to con	nduct an inspection of the above	
noted premises. I am in control of t	the premises as a te	enant, owner or authorized agent	
and herby give authority to enter an	d inspect all areas	of the premises.	
Print Name of Authorizing Person			
Address		Phone	
City	State	Zip Code	
Signature of Authorizing Person			