Business Name:

Address:



Bruce Wagstaff Deputy County Executive Social Services Agency

Environmental Management
Department
Marie Woodin, Director

County of Sacramento

Authorization Statement for Sacramento County EMD CERS (California Environmental Reporting System) Access

To: Sacramento County Environmental Management Department, Environmental Compliance Division

RE: Authorization Request for CERS Access

As the business owner or corporate officer/representative for the following business(es) (attach additional sheets as necessary):

Business Name:

Address:

| City: | | City: | City: | | |
|--|--|--|---|---------------------------|--|
| Zip: | FA# (if known): | Zip: | FA# (if known): | | |
| Business Name: | | Business N | Business Name: | | |
| Address: | | Address: | Address: | | |
| City: | | City: | City: | | |
| Zip: | FA# (if known): | Zip: | FA# (if known): | | |
| I understand | electronic form submittal on beh (employee, of that this user will be assigned gulators, as well as add, remov | alf of this company. The consultant, etc.) for the Lead User status. Lea | company. d users can view/add/edit | t/submit facilit | |
| facilities, and I will notify S Division (EM | d other data about their CERS bacramento County Environmer ID) of any proposed changes to ation without my consent, I will i | ousiness/organization. ntal Management Depa o my authorization. If I | artment, Environmental Co become aware that some | ompliance one has used | |
| Sincerely, | | | | | |
| Signature o | f Business Owner or Corporate | Representative | Date | | |
| Printed Nar | ne and Title | | | | |
| W·\DATA\FORM | SARCHIVE\HM\HMP\NEW ADDRESS\AU | THORIZATION OF ACCESS F | EQUEST FORM DOCX | | |