



# 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 City 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:

Fax: (650) 725-4888

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

Email: [fshlistings@lists.stanford.edu](mailto:fshlistings@lists.stanford.edu) (*Homes for Sale and Rent*)

Email: [fshprojects@stanford.edu](mailto: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