

# Quarry Rehabilitation Program

## Authorization to Act on Behalf of a Landowner

Date:

### Landowner Information

Full Legal Name:

Mailing Address:

Email Address:

Phone Number:

### Authorized Representative Information

Full Legal Name:

Organization (if applicable):

Mailing Address:

Email Address:

Phone Number:

### Quarry Location / Legal Description

The representative may submit application(s) and support documents only.  
All assessment decisions, funding approvals, and payment matters must be addressed by the landowner.  
The landowner remains responsible for signing the funding agreement and all legally binding documents.

Landowner Signature:

Printed Name:

**Disclaimer:** A signature is required. Signatures must be completed through a verified electronic signing process (e.g. Adobe Acrobat Sign). Typed signatures will not be accepted. If a digital signature is unavailable, the document may be printed and signed by hand.