



**TOWN OF HURT  
LANDLORD AUTHORIZATION FORM**

DATE: \_\_\_\_\_

**Service Provider:** Town of Hurt, 533 Pocket Road, Hurt, Virginia 24563

**TENANT NAME:** \_\_\_\_\_

**TENANT ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TENANT NAME:** \_\_\_\_\_, has entered into a lease for property located at the at the tenant physical address above and is authorized to obtain services at the address listed above.

**LANDLORD NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

LANDLORD

DATE: \_\_\_\_\_