

Proposed Consultant Authorization Letter for Portal Use

Date

San Mateo County Environmental Health CUPA
2000 Alameda de las Pulgas, Suite 100
San Mateo, CA 94403

RE: Authorization to Obtain SMCEH Portal Access

I, (name), certify that I am the business owner/operator for the following facilities at the locations listed below. I hereby authorize (name) with (consultant company name)/all employees of (consultant company name) of to obtain SMCEH Portal access for the purposes of Business Plan submittal on behalf of this company.

I recognize that providing this authorization to a consultant for my business plan preparation and submittal in no way absolves me of any responsibility to be aware of and maintain the veracity of the information submitted on my behalf; it is my responsibility to notify my consultant when there are changes to the business plan so that the updates will be submitted as required.

FA#	Facility Name	Facility Address (including City)

Any changes to this authorization must be provided in writing to SMCEH. As the owner/operator, I acknowledge that it is my responsibility to notify the CUPA in the event that this consultant relationship changes.

If the CUPA notices any unauthorized use of the Portal, access will be denied and the business owner will be notified.

Signature of Business Owner/Operator
Printed Name of Business Owner/Operator
Name of Business
Title
Phone
E-mail

Owner Authorization Statement: Owner retain copy, Consultant retain copy. This letter must be uploaded along with the Login Request.