

Private Contractor Access Authorization

Address: _____ Access Date From: ___/___/___ To: ___/___/___

Contractor Name: _____

Company: _____

Fire area (circle): Altadena Palisades Phone Number: _____

Other: _____

.....
Property Owner(s) Name: _____

Property Owner Phone Number: _____

Property Owner Email: _____

Property owner's Signature: _____

Date: ___/___/___

Public Works has verified that the owner grants access to the specified contractor to access their property in the impacted area

Tracking No: _____

For verification, please contact:

LA County Public Works/LDD-Permits (626) 458-3129

