

Appendix III: Permission for Access Form

FY 2023-2027 ICIP Permission for Access Form

(Must be a political subdivision of the state - municipality, county, special district, tribe, or senior center facility.)

_____ (Entity Name) agrees to provide the following agency or individual the authority to enter the Infrastructure Capital Improvement Plan (ICIP) website and manipulate the FY 2023-2027 Infrastructure Capital Improvement Plan database for this entity.

Person with signatory authority for this local government entity to give such permission:

Name: _____ Title: _____

Entity/Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Agency or individual who has been given authority to enter the ICIP data on behalf of said entity:

Name: _____ Title: _____

Entity/Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Email: _____

Signature: _____ Date: _____