

# Agency Signature Authorization Form - Alternate Property Officer

## Part A

Agency Head / Designee

Date:	Agency Budget Code:
Agency Name:	
Accountable For: Sub-Unit Name(s):	
Agency Address:	
City/County:	Zip:
Agency Head/ Designee's Name:	
Agency Head/ Designee Signature:	_____
Title:	
Phone Number:	Ext.:
Fax Number:	E-Mail:

## Part B

Alternate Property Officer

Date:	Agency Budget Code:
Agency Name:	
Accountable For: Sub Unit Name(s):	
Agency Address:	
City/County:	Zip:
Property Officer's Name:	
Property Officer's Signature:	_____
Title:	
Phone Number:	Ext.:
Fax Number:	E-Mail:

Submit completed form to the [dgs.statewidepropertydisposals@maryland.gov](mailto:dgs.statewidepropertydisposals@maryland.gov)