



OWNER AUTHORIZATION FORM

**I/WE GIVE LAURETANO SIGN GROUP AND OR THEIR AGENTS PERMISSION
TO SIGN THE ZONING/BUILDING PERMIT APPLICATIONS AS MY AGENT,
AND TO FURNISH AND/OR INSTALL SIGN(S)**

AT: Tobey Hospital

43 High Street, Wareham, MA 02571

SIGNATURE OF OWNER/OWNER REPRESENTATIVE

NAME:  _____
DocuSigned by:
45F9F8AD32D7440... (Signature)

NAME: Philip Oliveira
(Please Print)

TITLE: Vice President, Support Services

TELEPHONE #: 508-973-3660

TODAY'S DATE: 12/10/21

COMPANY NAME: Southcoast Health

STREET ADDRESS: 101 Page Street

CITY, STATE, ZIP CODE: New Bedford, MA 02740

DRAWINGS:

QUOTE #: 40841

Please fax this form back to 860-583-0949, Attn. Alyson Ibbotson,
or e-mail to alyson@lauretano.com