



**Quality Jobs Program
Disclosure Authorization**

I, _____, declare that I am
Name

_____ of _____
Title Company

And as such do hereby appoint _____
Consulting Company and/or Name

to act as the contact(s) in all matters pertaining to Louisiana Economic Development,
Quality Jobs Program for:

Advance Notification/Project/Contract # _____

As such, he/she is authorized to receive any and all information relating to such program.

Official Printed Name and Title Official Signature

_____, 20

One form per contract, per program

Return to: Louisiana Economic Development
Business Incentives Services
P.O. Box 94185
Baton Rouge, LA 70804-9185
225.342.9228