**AUTHORIZATION TO INVESTIGATE**

**(Each applicant must complete this authorization)**

I hereby authorize TVA to investigate, if necessary, my ability to finance, develop, and operate the facilities, including the authority to run any background checks deemed necessary by TVA.

Signature of Applicant

Social Security/Tax ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Type or Print Information:

|  |  |
| --- | --- |
| Name: |   |
| Street Address: |   |
| City, State, Zip: |   |
| Telephone Number: |   |