

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 # _____

Date _____

Please Type or Print Information:

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____