ATTESTATION OF AUTHORIZED AGENT WITHOUT A POWER OF ATTORNEY

Authorized Agent Information

I, _____, under penalty of perjury, declare that the following is true and

correc	i.
1.	I am over the age of 18 and legally authorized to submit this request on behalf of the individual named below ("Client").
2.	I hereby certify that: (a) the enclosed document is a true and accurate copy of the authorization by the Client for me to submit a privacy right request on behalf of the Client and (b) it is in full force and effect.
I UNDERSTAND THAT THE INFORMATION PROVIDED HEREIN IS TO BE RELIED UPON BY PIPER AIRCRAFT AND ITS REPRESENTATIVES TO RESPOND TO THIS REQUEST, AND I CONFIRM THAT THE CLIENT IDENTIFIED BELOW UNDERSTANDS AND ACCEPTS THAT PIPER AIRCRAFT MAY CONTACT THE CLIENT DIRECTLY FOR VERIFICATION PURPOSES.	
Date:_	
Print Name:	
Signature/Digital Signature:	
Your E	mail Address:
Client Information	
Please this red	e provide the following information about the individual on whose behalf you are submitting quest.
First N	ame:
Last N	ame:
Email	Address:

Attachment

Please attach a document indicating the Client's authorization. Power of attorney is **not** required, and please do not submit a copy of power of attorney documentation using this form.