

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF _____

Mag. Dist. No.: _____
MDJ Name: Hon. _____
Address: _____
Telephone: () _____

PLAINTIFF: _____ NAME and ADDRESS
[
L
DEFENDANT: _____ VS. NAME and ADDRESS
[
L

Docket No.: _____
Date Filed: _____



**AUTHORIZATION OF REPRESENTATIVE
PURSUANT TO PA. R.C.P.M.D.J. NO. 207(B)**

To the Magisterial District Court:

Individual:

I designate _____ to act as my authorized representative in the above-captioned matter.

Date: _____

Name (Print): _____

Signature: _____

Partnership, Corporation or Similar Entity:

I designate _____ to act as the authorized representative of _____ in the above-captioned matter.

Date: _____

Name (Print): _____

Signature: _____

Title: _____

Authorized Representative Contact Information:

Name: _____

Address: _____

City, ST, Zip: _____

Phone: _____