



**BELLINGHAM NEIGHBORHOOD ASSOCIATION  
2024 AUTHORIZED NAMES AND SIGNATURES FOR REIMBURSEMENT REQUESTS**

These individuals are authorized to complete, sign, and submit REIMBURSEMENT REQUESTS on behalf of the Neighborhood Association listed below.

Neighborhood Association: \_\_\_\_\_

NAME (first and last)	SIGNATURE	CONTACT INFORMATION (address, phone, email)

By signing below, the Neighborhood Association Chair/President authorizes the individuals listed above as signature authority for the Neighborhood Association and authorizes those individuals to submit reimbursement requests on behalf of the association.

**Association Chair/President Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Return completed forms to: Mayor's Office, 210 Lottie Street, Bellingham, WA 98225**