



## Signatory Authority Consent Form

I, **Patrick W. Shull** as the **Mayor**  
Name of Person Granting Signature Authority (Printed) Title of Person Granting Authority

of **City of Kingsport TN** hereby grant the position(s) below or their  
Name of Organization Receiving Grant

designee, signatory authority for the electronic application and, if awarded, the required reports  
for the State of Tennessee Violent Crime Intervention Fund Grant.

Grant Name & Number

Individuals or positions listed are entitled to sign only grant documents required for reporting as  
contracted on behalf of my organization for the above listed grant.

**Capt. Chris Tinch**

Title and Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title and Name (printed)

\_\_\_\_\_  
Signature

The above signatory authority granted to the above individuals may be revoked by me or by my  
organization at any time.

\_\_\_\_\_  
Signature of Person Granting Authority

\_\_\_\_\_  
Date