



## GOVDEALS.COM PICK-UP AUTHORIZATION FORM

I, \_\_\_\_\_, give permission to  
(Buyer)

\_\_\_\_\_ to pick up my item(s),  
(Pick-up Agent)

as listed below, from the Town of Ocean City, MD on, \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
(Buyer Signature)

\_\_\_\_\_  
(Date)

### Item(s) to be picked up:

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\*A completed & signed copy of this form, the buyer's certificate and a driver's license will be required before item(s) will be released.

**PLEASE EMAIL OR FAX THE COMPLETED FORM  
TO THE PURCHASING DEPARTMENT:**

Attn: Leila Milewski  
Purchasing Associate  
204 65<sup>th</sup> Street, BLDG A  
Ocean City, MD 21842  
Office: (410) 723-6643  
Fax: (410) 524-1482

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