



City of Tavares
Community Development
201 E. Main Street, P.O. Box 1068
Tavares, FL 32778
Phone 352-742-6213 Fax 352-742-6087

POWER OF ATTORNEY

Date _____

I, _____, hereby appoint _____, to be my lawful attorney in fact, to act for me to apply for, receipt for, and sign for and do all things necessary to this appointment in reference to permitting in the City of Tavares.

Check and complete one of the following.

____ To sign for any and all documents until further notice.

OR

____ To sign for this specific job only.

For work to be performed at _____

Property Owner _____

Alternate Key # _____ Section _____ Township _____ Range _____
Lot _____ Block _____ Subdivision _____

Name of Certified Contractor (Type or Print)

Signature of Certified Contractor

State of Florida
County of Lake

The foregoing instrument was acknowledged before me this day _____ of, _____, 20____
by _____ who is personally known to me or has produced as identification
_____ and who did or did not take an oath.

Notary Public Signature

(Seal)