

CITY OF UMATILLA POWER OF ATTORNEY

| Date | | |
|-------------------------------|---------------------------|--|
| I hereby name and a | appoint | |
| to be my lawful attor | ney in fact to sign my d | ocuments pertaining to permits for the City |
| of Umatilla. (Check a | and complete one of the | e following.) |
| ☐ To sign for an | y and all documents ur | ntil further notice. |
| OR | | |
| ☐ To this specifi | ic job for work to be per | formed at |
| | | |
| License # | | Name of Certified Contractor (Type or Print) |
| | | Signature of Certified Contractor |
| | | Name of Company if Different |
| State of Florida County of | | |
| | | edged before me this day of |
| | | uced as |
| | o did/did not take an oa | |
| Notary Public (Signa | uture) | |