



☐ TELEPHONE (863) 439-1910
FAX (863) 439-1421

POST OFFICE BOX 126
LAKE HAMILTON, FL 33851

Power of Attorney

Date: _____

I hereby name and appoint _____ to be my lawful attorney in fact to sign my documents pertaining to permits for the Lake Hamilton Building Department. (Check and complete one of the following.)

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

OR

☐ To this specific job for work to be performed at

Parcel ID# _____

Description of work to be performed _____

License #

Name of Contractor (Type or Print)

Signature of Contractor

State of Florida

County of Polk

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, 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.

(SEAL)

Notary Public (Signature)