

TAX COLLECTOR, PINELLAS COUNTY

P.O. Box +SS(

Sea Jbc`Y, Florida 337+)

POWER OF ATTORNEY FOR RELEASE OF TOURIST TAX INFORMATION

NOTARIZATION REQUIRED

Tourist Development Tax Account No.

Date:

I hereby name and appoint:

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GHUY **Nd'7cXY**

to be my lawful Attorney in Fact to act for me with respect to my Pinellas County Tourist Development Tax account pursuant to Sections 118-31 to 118-70 Pinellas County Code. My Attorney in Fact is authorized to receive and inspect confidential tax information and to perform any and all acts with respect to the above referenced Tourist Development Tax account and is further authorized to enter into binding resolutions regarding any and all disputes as to the above account(s).

.....**Signature of Owner**

Owner's name-type or print

Sworn to (or affirmed) and subscribed before me this _____ day of

_____, _____.

By: _____
(Name of Person making statement)

(Print, type or stamp commissioned name of Notary)

SEAL

(Signature of Notary)

Personally Known _____ **or Produced Identification** _____. **Type of Identification** _____

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