

MANDATORY HEARING
DESIGNATION OF POWER OF ATTORNEY

By completing and submitting this Designation of Power of Attorney you intend to authorize a non-attorney representative to act on your behalf at a hearing before the City's Hearing Officer. Please complete this form, have it notarized, and return it to the City Clerk's Office at least five (5) days prior to your hearing date. This form can be mailed to the City Clerk at: City Clerk, City of North Port, Florida, 4970 City Hall Boulevard, North Port, Florida 34286, or by email to: htaylor@cityofnorthport.com.

I _____ hereby designate and authorize _____

to act as my Power of Attorney and vest in this person the full power and authority to act on my behalf in the following matter (Check one):

- Respondent in Code Enforcement Case No.: _____.
- Appellant for Parking Ticket No.: _____.

Signature of Respondent/Appellant

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ___ day of _____, 20___, by _____.

Notary Public - State of Florida

___ Personally Known OR ___ Produced Identification
Type of Identification Produced _____