

SPECIAL POWER OF ATTORNEY



I, _____, the undersigned, hereby make, constitute and appoint _____, my true and lawful attorney-in-fact and agent, and hereby authorize him/her as follows:

to establish and/or terminate water service, wastewater service, and/or solid waste (i.e., garbage) service with the Emerald Coast Utilities Authority (ECUA) regarding property located at _____, and to execute any and all papers and documents related thereto or necessary to accomplish this purpose,

giving and granting unto my said attorney-in-fact full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, or appropriate to be done relative to the foregoing, as fully to all intents and purposes as I might or could do if personally present. I hereby ratify and approve all that my said attorney-in-fact and agent shall do or cause to be done under the authority of this Special Power of Attorney. I further agree to indemnify and hold harmless the ECUA and all of its officers, agents, and employees, from any and all liability arising from actions taken pursuant to this Special Power of Attorney.

ECUA may rely upon the representations of my attorney-in-fact and agent as to all matters relating to the establishment and/or termination of water service, wastewater service, and/or solid waste service for the above-described property, and no person who may act in reliance upon the representations of my attorney-in-fact and agent shall incur any liability to me or to my estate, beneficiaries, or joint owners as a result of permitting my attorney-in-fact and agent to exercise any power, prior to receipt of written notice of revocation, suspension, notice of a petition to determine incapacity, partial or complete termination, or my death. ECUA may rely on a duly executed counterpart of this instrument, or a copy of the original of this instrument, as fully and completely as if ECUA had received the original of this instrument.

I have signed this Special Power of Attorney this _____ day of _____, 20_____.

Signature

STATE OF FLORIDA
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and who acknowledged that he/she signed this Special Power of Attorney.

Notary Public - State of Florida

(SEAL)