## POWER OF ATTORNEY BROWARD COUNTY TOURIST DEVELOPMENT TAX

RE:	BUSINESS NAME:		
	ADDRESS:		
	ADDRESS:  CITY/STATE/ZIP:  ACCOUNT #		
	ACCOUNT #		
	TAXPAYER		
NAMI	E:		
ADDF	RESS:		
TELE	E:		
	ATTORNEY-IN-FACT		
NAMI	⊑.		
	RESS:		
TELEPHONE NUMBER OF APPOINTEE(S):			
TAXF	PAYER(S) WHOSE NAME(S) APPEARS ABOVE APPOINTS THE ABOVE		
NAM	ED ATTORNEY(S)-IN-FACT TO REPRESENT THE TAXPAYER(S) BEFORE THE		
	WARD COUNTY RECORDS, TAXES AND TREASURY DIVISION - TOURIST		
	ELOPMENT TAX SECTION WITH RESPECT TO THE LOCAL OPTION TOURIST ELOPMENT TAX FOR THE PERIOD(S) SPECIFIED BELOW:		
DEVE	ELOPINENT TAX FOR THE PERIOD(3) SPECIFIED BELOW.		
	ATTORNEY(S)-IN-FACT SHALL, SUBJECT TO REVOCATION, HAVE THE		
	HORITY TO RECEIVE OR INSPECT CONFIDENTIAL INFORMATION AND FULL		
	ER TO PERFORM ON BEHALF OF THE TAXPAYER(S) THE FOLLOWING		
ACTS	S WITH RESPECT TO THE ABOVE TAX MATTER:		
	EXECUTE CONSENTS EXTENDING THE STATUTORY PERIOD OF ASSESSMENT OR CLAIMS FOR REFUNDING OF TAXES;		
*	EXECUTE CLOSING AGREEMENTS UNDER SECTION 213.21, F.S.		
*	RECEIVE BUT NOT ENDORSE OR COLLECT, WARRANTS IN PAYMENTS OF		
	ANY REFUND OF TAXES, PENALTIES OR INTEREST;		
*	DELEGATE AUTHORITY OR SUBSTITUTE ANOTHER REPRESENTATIVE;		
	AND		
*	OTHER:		

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COPIES OF NOTICES AND OT THE TAXPAYER(S) IN REGARI (NAME, ADDRESS, AND TELEF	OS TO THE ABOVE N	MUNICATION ADDRESSED TO MATTER SHOULD BE SENT TO
THE POWER OF ATTORNEY FILE WITH THE BROWARD DIVISION - TOURIST DEVELORSAME TAX MATTER AND THE	COUNTY RECORD  OPMENT TAX SECT	DS, TAXES AND TREASURY ION WITH RESPECT TO THE
SIGNATURE OF TAXPAYER		DATE
SIGNATURE OF TAXPAYER(S)		DATE
IF SIGNED BY A CORPORATE THAT I HAVE THE AUTHORIT BEHALF OF THE TAXPAYER(S	Y TO EXECUTE TH	•
SIGNATURE	TITLE	DATE
SIGNATURE	TITLE	DATE

**NOTARY**