



7912

Tree Representation Authorization

Date: _____

Attendance at the Tree Commission meeting on the date when your request will be discussed is necessary in order to expedite the resolution of your application. This Tree Representation Authorization form must accompany the application if the property owner is unable to attend or will have someone else pick up the Tree Permit once issued.

Please Clearly Print All Information unless indicated otherwise.

Tree Address 708 Eaton St + 417 Elizabeth St

Property Owner Name RICHARD BASCOM

Property Owner eMail Address RICHARDBASCOM@YAHOO.COM

Property Owner Mailing Address 613 MARGARET ST

Property Owner Mailing City KEY WEST State FL Zip 33040

Property Owner Phone Number (603) 504-5026

Property Owner Signature Richard Bascom

Representative Name Finerlines

Representative eMail Address steven.kw@bellsouth.net

Representative Mailing Address PO Box 421207

Representative Mailing City Summerville State FL Zip 33042

Representative Phone Number (305) 360-2915

I RICHARD BASCOM, hereby authorize the above listed agent(s) to represent me in the matter of obtaining a Tree Permit from the City of Key West for my property at the tree address above listed. You may contact me at the telephone listed above if there are any questions or need access to my property.

Property Owner Signature

Richard Bascom

The forgoing instrument was acknowledged before me on this 26th day April 2016

By (Print name of Affiant) Richard Bascom who is personally known to me or has produced Driver's License as identification and who did take an oath.

NOTARY PUBLICSign Name: Jo Bennett

Notary Public - State of Florida (seal)

Print Name: Jo BennettMy Commission Expires: May 26 2019