



Tree Representation Authorization

Date: April 20, 2016

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 Fort Zachary Taylor Historic State Park

Property Owner Name FL Dept. of Environmental Protection/Michael W. Foster, Jr., P.E.
Property Owner eMail Address michael.foster@dep.state.fl.us
Property Owner Mailing Address 3900 Commonwealth Blvd
Property Owner Mailing City Tallahassee State FL Zip 32399
Property Owner Phone Number (860) 245 - 2694
Property Owner Signature *MLF*

Representative Name Sandra Walters Consultants, Inc. (dba SWC)
Representative eMail Address sandy@swcinc.net
Representative Mailing Address 6410 5th Street, Suite 3
Representative Mailing City Key West State FL Zip 33040
Representative Phone Number (305) 294 - 1238

I MICHAEL FOSTER, 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 *MLF*

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

By (Print name of Affiant) Michael Foster who is personally known to me or has produced N/A as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: Jessica Anne McKenzie

Print Name: Jessica Anne McKenzie

My Commission Expires: April 7, 2020

Notary Public - State of Florida (seal)

