



Tree Representation Authorization

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.

Date March 12th 2026
Tree Address 1428 Virginia st
Property Owner Name Victor Borelli
Property Owner Mailing Address 1428 Virginia st
Property Owner Mailing City, State, Zip Key West FL 33040
Property Owner Phone Number 908 334 6059
Property Owner email Address vmb27ws@gmail.com
Property Owner Signature _____

Representative Name Ken King - Golden Bough Tree Service
Representative Mailing Address 1602 Laid St.
Representative Mailing City, State, Zip Key West FL 33040
Representative Phone Number 305 296 8101
Representative email Address N/A

I, Victor Borelli 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 Victor Borelli

The forgoing instrument was acknowledged before me on this 12 day March, 2026
By (Print name of Affiant) Victor Borelli who is personally known to me or has produced as identification and who did take an oath.

Notary Public

Sign name: Jennifer R. Moran

Print name: J R Moran

My Commission expires: Feb 21, 2027

Notary Public-State of Florida

(Seal)

