NANCY C. MILLAN
HILLSBOROUGH COUNTY
TAX COLLECTOR

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Release of Tourist Development Tax Information: Power of Attorney

Tourist Development Tax Account No. _____ Date: _____

I hereby name and appoint:

Appointee: _____ Title: _____

Phone: (_____)_____

Email: _____

Company: _____

Address: _____

City: _____

State: _____ Zip Code _____

to be my lawful Attorney in Fact to act for me with respect to my Hillsborough County Tourist Development Tax account. My Attorney in Fact is authorized to receive and inspect confidential tax information and to perform any and all acts with respect to the above referenced Tourist Development Tax account and is further authorized to enter into binding resolutions regarding any and all disputes as to the above account(s).

Under penalties of perjury, I declare that I am the lawful owner of the referenced Tourist Development Tax account.

_____ _____

Signature of Owner Owner's name-type or print

_____

Date