



OSCEOLA COUNTY
TAX COLLECTOR
OFFICE OF BRUCE VICKERS, CFC.



POWER OF ATTORNEY

Tourist Development Tax Account No: _____ Date: _____

I, _____ (Property Owner), hereby name and appoint:

Appointee/Management Company: _____ Title: _____

Phone: _____ Email: _____

Address: _____ State: _____ Zip: _____

to be my lawful attorney in fact to act for me with respect to my Osceola 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 unless otherwise noted below.

List any specific limitations or deletions to the acts otherwise authorized in this Power of Attorney (ex: Local Contact Only):

I certify that I have the authority to execute this Power of Attorney.

Physical address of rental property: _____

Phone: _____ Email: _____

Property Owner's/Business Representative's printed name and title: _____

Signature of Property Owner/Business Representative: _____ Date: _____

DECLARATION OF APPOINTEE

Under penalties of perjury, I declare that:

- I am familiar with the mandatory standards of conduct governing representation before the Florida Department of Revenue and Osceola County Agency, including Rules 12-6.006 and 28-106.107 of the Florida Administration Code, as amended;
- I am familiar with the law and facts related to this matter and am qualified to represent the Property Owner in this matter;
- I am authorized to represent the Property Owner identified for Tourist Development Tax matter(s), and to receive and inspect confidential Property Owner information;
- I am one of the following:
 - a. Attorney- a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b. Certified Public Accountant- duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c. Enrolled Agent- enrolled as an agent pursuant to the requirements of Treasury Department Circular Number 230.
 - d. Former Florida Department of Revenue or Osceola County employee. As a representative, I cannot accept representation in a matter upon which I had direct involvement while I was a public employee.
 - e. Other qualified representative

I have read the foregoing Declaration of Representative and the facts stated in it are true.

I hereby certify that I, _____, am a natural person who is 18 years of age or older and am of sound mind; or, a financial institution, as defined in Chapter 655, F.S., with trust powers, having a place of business in this state and authorize to conduct trust business in this state.

Designation-Insert letter from above(a-e): _____

Jurisdiction (State) and Enrollment Card No. (If any): _____

Signature of Appointee/Management Company: _____ Date: _____