



CITY OF INDIAN ROCKS BEACH

SPECIAL MAGISTRATE HEARING AUTHORIZATION FOR REPRESENTATION

If the alleged violator will be represented at a Special Magistrate hearing by another party, this **notarized authorization** is required and must be submitted to the City prior to or at the time of the hearing.

ALLEGED VIOLATOR INFORMATION

Name of Alleged Violator: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

CASE INFORMATION

Case Number: _____

Property Address: _____

Hearing Date: _____

AUTHORIZATION FOR REPRESENTATION

I, _____, the alleged violator in the above-referenced case, hereby authorize the individual identified below to represent me at the Special Magistrate hearing before the City of Indian Rocks Beach.

This authorization permits the named representative to appear on my behalf, present testimony, submit evidence, and communicate with City staff and the Special Magistrate regarding this matter, as allowed by law.

AUTHORIZED REPRESENTATIVE INFORMATION

Name of Authorized Representative: _____

Relationship to Alleged Violator: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

ACKNOWLEDGMENT AND SIGNATURE

I certify that I am the alleged violator in this case and that I voluntarily grant this authorization. I understand that this authorization must be notarized to be valid.

Signature of Alleged Violator: _____

Printed Name: _____

Date: _____

NOTARY ACKNOWLEDGMENT

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this day the _____ of _____ 20 ____, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public Signature: _____

Printed Name of Notary: _____

Notary Seal:

My Commission Expires: _____