



Customer Service
65 Stone Street | Cocoa, FL 32922
Phone: (321) 433-8400 | Fax: (321) 433-8408
Email: customerservice@cocoafl.org

Letter Of Authorization

Section I (PLEASE PRINT)

I, _____, am the:

Owner

Authorized Agent

Property Manager

Power of Attorney (POA)

Please attach proof of ownership/authorization (i.e. Recorded Deed, Signed Closing Statement, Property Management Agreement from Owner, or Notarized Power of Attorney) and copy of Valid Photo ID.

For the property located at:

Number

Street

City

State

Zip Code

The following occupant(s) will be residing at the above-referenced address, effective:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

In case of Emergency, I can be reached at the following number: _____

Signature

Date

Section II

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by:

_____ has produced _____.

(Owner Name) (Type of Identification)

(Notary Public Signature)

(Name of Notary typed, printed or stamped)

