



## 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.

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#### ALLEGED VIOLATOR INFORMATION

Name of Alleged Violator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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#### CASE INFORMATION

Case Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

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#### 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.

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## AUTHORIZED REPRESENTATIVE INFORMATION

Name of Authorized Representative: \_\_\_\_\_

Relationship to Alleged Violator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## 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: \_\_\_\_\_

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## NOTARY ACKNOWLEDGMENT

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this day 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: \_\_\_\_\_