

**TAX COLLECTOR, PINELLAS COUNTY**  
**P.O. Box 6440**  
**Clearwater, Florida 33758-6440**  
**POWER OF ATTORNEY FOR RELEASE OF TOURIST TAX INFORMATION**

**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 Pinellas County Tourist Development Tax account pursuant to Sections 118-31 to 118-70 Pinellas County Code. 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**