AFFIDAVIT OF AUTHORIZATION

FOR PE	ETITION NUMBERS(S) PL20180001030 - Rattlesnake Hammock Road Bus Facility Conditional Use		
, Dr. Kamela Pa	Patton (print name), as Superintendent	(tit	tle, if
applicable)	e) of _The District School Board of Collier County, Florida (company, If	applicable), swea	ar or affirm
under oath,	h, that I am the (choose one) owner 🕡 applicantcontract purchaser	and that:	
1.	I have full authority to secure the approval(s) requested and to impose of the referenced property as a result of any action approved by the Con application and the Land Development Code;		
2.		other supplemen	ntary matte
3. 4.	I have authorized the staff of Collier County to enter upon the property for the purpose of investigating and evaluating the request made through	this application; a	and that
5.	restrictions imposed by the approved action.	act as our/my rep	
0.	in any matters regarding this petition including 1 through 2 above.	dot as odining rep	resentative
 If the app typically be if the app partner. If the app partner. If the app partner. In each in use the app. 	pplicant is a corporation, then it is usually executed by the corp. pres. or v. poplicant is a Limited Liability Company (L.L.C.) or Limited Company (L.C.), be signed by the Company's "Managing Member." uplicant is a partnership, then typically a partner can sign on behalf of the partnernt is a limited partnership, then the general partner must sign and of the named partnership. Uplicant is a trust, then they must include the trustee's name and the words instance, first determine the applicant's status, e.g., individual, corporate, appropriate format for that ownership. Inalties of perjury, I declare that I have read the foregoing Affidavit of stated in it are true.	then the docum rtnership. be identified as t as trustee". trust, partnership	he "genera o, and ther
V		21-8-	
		Trace Williams TV	
lwiewed!	Signature Signature	Date	a : .c.:
STATE OF	FLORIDA		
	OF COLLIER		
The foregoi	oing instrument was sworn to (or affirmed) and subscribed before me on $\underline{\mathscr{A}}$	18/18 (late) by
Dr. Kamela Patto	ton (name of person providing	oath or affirmat	
Superintendent			, ,
type of ider	entification) as identification.	-	
STAMP/SEAL		blic	
· · · · · · · · · · · · · · · · · · ·	MATA MASSEY MY COMMISSION #F 158685 EXPIRES: October 13, 2018 Bonded Thru Notary Public Underwriters		