

**POWER OF ATTORNEY**

**THE UNDERSIGNED** does hereby appoint \_\_\_\_\_  
of \_\_\_\_\_, County, State of \_\_\_\_\_, the attorney-in-fact to act  
for \_\_\_\_\_ to transact business relating to the Water  
Quality Management Plan Program, CWA-319 Program or the Coastal Management Program.

The Power of Attorney shall remain in full force and effect for five years from date below  
or until written notice of its revocation has been delivered to the \_\_\_\_\_  
Soil and Water Conservation District at the following location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorized Signatures**

A. Signature(s) of Grantor(s) (Individual)

1. \_\_\_\_\_

2. \_\_\_\_\_

B. Signature of Grantor (Partnership, Corporation, Trust, etc.)

Official Title

\_\_\_\_\_

\_\_\_\_\_

ID Number of the Partnership, Corporation, Trust, etc.

\_\_\_\_\_

C. Signature of Grantee

\_\_\_\_\_

The foregoing Power of Attorney set forth above is signed and dated on the  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

This instrument must be notarized:

State of \_\_\_\_\_

County of \_\_\_\_\_

Expiration Date \_\_\_\_\_

\_\_\_\_\_

Notary Public