

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
UAO CERTIFICATE OF INCUMBENCY AND SIGNATURE AUTHORITY

Form 710-010-89
 UTILITIES
 02/99

for

Utilities Commission, City of New Smyrna Beach

(Please Type or Print the UAO's Name)

Resolution #: 4-99

Date: April 21, 1999

I, the undersigned, do hereby certify that the person(s) or title(s) which appear below is (are) duly elected, or appointed, qualified, and acting as representative of said **UTILITY AGENCY/OWNER (UAO)**, on the date of this Certificate, and that said representative(s) is (are) duly authorized by said **UAO** to execute and deliver:

any document between said **UAO** and the **STATE OF FLORIDA, DEPARTMENT OF TRANSPORTATION (FDOT)** and all agreements and instruments in connection therewith, including but not limited to, applications for permits and similar documents, and that the execution and delivery of any such documents, for and on behalf of said **UAO** is not prohibited by, or in any manner restricted by, the terms of the charters, ordinances or legal instruments (as applicable) which created the **UAO**, govern its operations, and otherwise affect its authority, powers and day-to-day activities, or in any loan agreement, indenture, or contract to which said **UAO** is a party or under which it is bound.

- OR -

any utility permits between said **UAO** and the **STATE OF FLORIDA, DEPARTMENT OF TRANSPORTATION** and all documents in connection therewith, including but not limited to, applications for permits and similar documents, and that the execution and delivery of any such documents of said **UAO** is not prohibited by, or in any manner restricted by, the terms of the charters, ordinances or legal instruments (as applicable) which created the **UAO**, govern its operations, and otherwise affect its authority, powers and day-to-day activities, or in any loan agreement, indenture, or contract to which said **UAO** is a party or under which it is bound.

- OR -

any specified document type (listed below) between said **UAO** and the **STATE OF FLORIDA, DEPARTMENT OF TRANSPORTATION** and all agreements and instruments in connection therewith, and that the execution and delivery of any such documents, for and on behalf of said **UAO** is not prohibited by, or in any manner restricted by, the terms of the charters, ordinances or legal instruments (as applicable) which created the **UAO**, govern its operations, and otherwise affect its authority, powers and day-to-day activities, or in any loan agreement, indenture, or contract to which said **UAO** is a party or under which it is bound.

I do further certify that this authority shall remain in full force and effect, and the **STATE OF FLORIDA, DEPARTMENT OF TRANSPORTATION** shall be entitled to rely upon this authority, until written notice of the modification, rescission, or revocation of this authority, in whole or in part, has been delivered to the **STATE OF FLORIDA, DEPARTMENT OF TRANSPORTATION**. However, no such modification, rescission, or revocation shall, in any event, be effective with respect to any documents executed or actions taken in reliance upon any modification, rescission, or revocation of this authority prior to the delivery of written notice of such modification, rescission, or revocation to the **STATE OF FLORIDA, DEPARTMENT OF TRANSPORTATION**, and the **STATE OF FLORIDA, DEPARTMENT OF TRANSPORTATION** approves of such modification, rescission, or revocation of this authority in writing.

Name of Representative <small>(If by NAME Please Type or Print approved names)</small>	Title of Representative <small>(If by TITLE Please Type or Print approved titles)</small>	Approved to Sign <small>(Please check or specify type below)</small>		
		All	Permits	Specified Document Type
	Utilities Director	X		
	Chief Engineer		X	
	Senior Civil Engineer		X	

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 UAO CERTIFICATE OF INCUMBENCY AND SIGNATURE AUTHORITY**

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for
Utilities Commission, City of New Smyrna Beach

(Please Type or Print the UAO's Name)

Name of Representative (If by NAME Please Type or Print approved names)	Title of Representative (If by TITLE Please Type or Print approved titles)	Approved to Sign (Please check or specify type below)		
		All	Permits	Specified Document Type

This document is a printout of an FDOT form maintained in an electronic format and all revisions thereto by the UAO in the form of additions, deletions or substitutions are reflected only in an Appendix entitled "Changes to Form Document" and no change is made in the text of the document itself. Hand notations on affected portions of this document may refer to changes reflected in the above-named Appendix but are for reference purposes only and do not change the terms of the document. By signing this document, the UAO hereby represents that no change has been made to the text of this document except through the terms of the appendix entitled "Changes to Form Document".

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said UAO this 21st day of April, year of 1999.

Carolyn F. Bosiger
 (Type or Print Name)

Chairman
 (Type or Print Title)

Attest: Carolyn F. Bosiger

NOTE:

If more pages are required to list additional Representatives, insert the number of additional pages in the box below and attach them to this document.

- Pages are attached.

P.O. Box 100
 (Type or Print UAO's Address)

Submit this form to:

FL Department of Transportation
 State Utilities Engineer
 605 Suwannee Street, M.S. 32
 Tallahassee, FL 32399-0450

New Smyrna Beach, FL 32170-0100

(904) 427-1361
 (Type or Print UAO's Phone Number)

