

AUTHORIZATION

THE UNDERSIGNED hereby authorizes Douglas Lyons, LYONS AND FARRAR, P.A.,
325 NORTH CALHOUN STREET, TALLAHASSEE, FL 32301, to act on my behalf with
regard to my claims with the Gulf Coast Claims Facility, and to receive any payments on my
behalf in c/o LYONS AND FARRAR, P.A.

THIS ___ day of _____, 20_____.

Claimant Name:

Claimant ID #:

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared
_____, who, after being by me duly sworn, deposed and said
that he/she is the _____ of _____,
a _____, who executed the foregoing with full
authority in behalf of the said _____ for the uses and purposes set
forth therein.

WITNESS my hand and official seal in the County and State aforesaid this _____ day of
_____, 20_____.

____ To me personally known
____ Identified by _____
____ Issued by _____

Notary Public

Printed Name:
Commission Expires:
Commission Number: