



SPECIAL POWER OF ATTORNEY

I, _____, of _____
County, Florida, do hereby appoint _____, of _____
_____, to be my true and lawful attorney-in-fact, for me and in my name, place and stead, and for my use and benefit to do any and everything relating to my electrical account Number _____, with GLADES ELECTRIC COOPERATIVE, INC., that I could personally do, including but not limited to, receive information concerning the said account, make payments, and make decisions concerning disconnections or reconnections.

This Special Power of Attorney shall become effective on and shall continue until terminated in writing filed with GLADES ELECTRIC COOPERATIVE, INC

Executed this _____ day of _____, 20____, at _____, Florida.

Signed, Sealed and delivered in
The presence of:

Signature of First Witness
Print Name: _____

Signature
Print Name: _____

Signature of Second Witness
Print Name: _____

I HEREBY CERTIFY that on this day, before me, a notary public authorized in the sate and county named above to take acknowledgments, personally appeared _____, to me known to be the person described in and who executed the foregoing Special Power of Attorney, and acknowledged before me that he/she has read the foregoing Power of Attorney and that each and all of the facts and matters set forth therein are true and correct and that he/she is _____ personally known to me, or produced the following identification:
_____.

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

Notary Public
My Commission Expires:
(SEAL)