

# Community Risk Reduction



## Specific Power of Attorney

BE IT ACKNOWLEDGED that I, \_\_\_\_\_, (NICET Certificate Holder or Training Certificate Holder) Insert Full Name

for \_\_\_\_\_, do hereby grant a limited and specific power of  
Company / Business Name

attorney to: Name(s) of Designee(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

also an employee(s) of the above named company at \_\_\_\_\_  
Address

As my Attorney-in-Fact.

Said attorney-in-fact shall have full power and authority to undertake and perform the following acts on my behalf:

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

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein.

My attorney-in-fact agrees to accept this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interest.

This power of attorney is effective upon execution and expires annually in conjunction with the certificate holder's annual permit or upon termination of employment with said company. It may be revoked by the MFRD Community Risk Reduction or me at any time, and shall automatically be revoked upon my death, provided any person relying on this power of attorney shall have full rights to accept and reply upon the authority of my attorney-in-fact until in receipt of actual notice of revocation.

\_\_\_\_\_  
Signature

THE STATE OF ALABAMA}

COUNTY OF \_\_\_\_\_}

I, a Notary Public, hereby certify that \_\_\_\_\_ whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of this instrument, executed the same voluntarily on the day the same bears date.

(Seal)

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, A. D. 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_