

SHATTO HEATING & AIR, INC. 595 WEST MAIN STREET LAKE BUTLER, FL 32054

Office (386)496-8224 Fax (386)496-9065 service@shattoair.com

Contractor Affidavit for Agency:	
DATE:	
I hereby authorize: Kimberly Koon	to be my
	EATING & AIR, INC. ne of Company)
This authorization becomes effective of the date this affi	idavit is notarized.
This authorization acts a Durable Power of Attorned HVAC (Mechanical) permit for: All Mobile H	y ONLY for the purpose of applying and signing for the ome HVAC mechanical permits.
The undersigned understands the liabilities involved in t and all of the actions of the agent named related to this a	the granting of this agency and accepts full responsibility for any acquisition for the aforementioned company.
Timothy D. Shatto (Print Name) Lundly D. Shatto (Qualifier's Signature)	08 22 20 19 (Date) Owner (Title)
STATE OF FLORIDA COUNTY OF: UNION	1
The foregoing instrument was acknowledged before medium that I shall who is person as identify as identify the shall always a sidentify the shall always a sidentification always a sidentific	nally known to me 🗌 - or has produced
Notary Signature Pamela G Williams Notary Printed Signature	PAMELA G WILLIAMS Notary Public-State of Florida Commission # GG 363303 My Commission Expires August 07, 2023