

LETTER OF AUTHORIZATION

OW	NER INFORMATION			
NAM	ME:ES LCFL Owner LLC			
PHO	NE:773-389-6546	EMAIL;		
Rea	alEstateAM@blueowl.com			
PHYS	SICAL ADDRESS: c/o Blue Owl Real Es Chicago, IL 60602	state Capital, 30 N. LaSalle	e, Suite 4140,	
The fo	following person(s) are authorized to act on my b	ehalf regarding the installation of	utilities.	
	Tony Morgan tony.morgan@equ			
2	Laura Alegria, Corporate Facilities /	Compliance Manager	573-970-0133	
3				
4	===			
If at any time the person(s) you have authorized is/are no longer agents/employees, you must notify this department in writing of the change and submit a new letter of authorization, which will supersede all previous lists. Failure to do so may allow unauthorized persons to establish utilities under your name. **Date: 2/4/2025**				
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OFFICE USE ONLY:

Wastewater Capacity Available	Collections/Distribution Available	
Director	Director	
Date	Date	
☐ A pressure reducer is recommended for this locati	ion. The contractor will be responsible for installation.	
Water Capacity Available	Natural Gas Available	
Director	Director	
Date	Date	
Growth Management	City Engineer	
Inspector	Inspector	
Date	Date	
Is a backflow preventer required? □ Yes □ No	If yes, what type of device?	
The City of Lake City has reviewed the applicant's reservice connection has been	request for availability/reserved capacity. Upon this evaluation,	
□ Approved		
□ Declined		

City of Lake City