Rural and Family Lands Protection Project Parcel Name: \_\_\_\_\_ Owner(s): OWNER'S AUTHORIZED REPRESENTATIVE TO THE BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND: In accordance with Chapter 253, Florida Statutes, (as applicable) this is to advise that the individual named below is the authorized representative of the owner(s) of the real property described below, which is located in \_\_\_\_\_ County, Florida, for any negotiations concerning conveyance of the property to the Board of Trustees. Owner understands that any commission or fee charged by such representative in connection with the sale of this property to the State is the sole responsibility of the owner. Authorized Representative: Telephone: Legal Description: \_\_\_\_\_+/- Acres \_\_\_\_\_ County, Florida Owner Signature:

Florida Department of Agriculture and Consumer Services

Owner Signature:

Date Signed:\_\_\_\_\_