**MAINE NATURAL RESOURCES DISASTER RELIEF ASSISTANCE PROGRAM (NRDRAP)**

# LIMITED POWER OF ATTORNEY

*This form authorizes a representative to act on behalf of the applicant for NRDRAP purposes only.*

## Applicant / Principal Information

**Full Name:** _____

**Mailing Address:** _____

**Phone Number:** _____

**Email Address:** _____

**Application ID (if known):** _____

## Authorized Representative Information

**Full Name:** _____

**Mailing Address:** _____

**Phone Number:** _____

**Email Address:** _____

**Relationship to Applicant:** _____

### Grant of Authority

I, the undersigned applicant, designate the person named above as my authorized representative for matters related solely to my application for assistance under NRDRAP. This authority includes the ability to submit application materials; communicate with the Maine Department of Agriculture, Conservation and Forestry (DACF) regarding my application; receive application-related information; respond to requests for additional information; request meetings or clarification; and sign application-related documents if DACF allows it.

### Limits on Authority

- This authorization does not permit the representative to change ownership of property.
- This authorization does not permit the representative to make decisions outside the NRDRAP program.
- This authorization ends if it is revoked in writing or otherwise expires under this form.
- This authorization does not permit the representative to receive any payments under the NRDRAP program on behalf of the applicant.

**Effective Date and Duration**

This Limited Power of Attorney becomes effective on the date signed below and remains in effect until the earliest of the following: (1) completion of the NRDRAP application and related processing; (2) my written revocation of this authorization; (3) DACF's refusal to accept this form for program purposes; or (4) the date specified here, if any: _____.

**Certification**

I certify that I have the authority to sign this document and that the information provided is true and correct to the best of my knowledge.

**Applicant / Principal Signature:** _____

**Printed Name:** _____

**Date:** _____

**Attorney-in-Fact / Representative Signature:** _____

**Printed Name:** _____

**Date:** _____

**Notary Acknowledgment**

State of _____ County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, known to me or satisfactorily proven to be the person whose name is signed above, and acknowledged that they executed this Limited Power of Attorney voluntarily for the purposes stated in it.

**Notary Public Signature:** _____

**Printed Name:** _____

**Commission Expiration Date:** _____

**Notary Seal:** _____