SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRE	ESENTS that I, [Insert name of individual signing this POA]	,
	[Insert name of individual signing this POA]	
the	of [Insert name of entity for which this POA is being executed]	
[Insert position/title of individual signing this POA]	[Insert name of entity for which this POA is being executed]	
At [Fenwick Island Property Address]		
[Fenwick Island Property Address]		
(hereinafter "Entity"), on behalf of the Entity,	do hereby make, constitute and appoint	
	my true and lawful attorney-in-fact	
[Insert name of individual appointed as attorney-in-fact - i.e., the personal sector of the sector o	son authorized to vote for Entity]	
Island, Delaware, municipal elections for the attorney shall only be used to vote for Election and shall terminate and be of no further force Attorney; otherwise, said Special Power of At	hority to cast a vote on behalf of Entity in the Town of Fenw offices of Town Council (hereinafter "Election"). This por is for Town Council within the Town of Fenwick Island, Del and effect upon the presentation of an updated Special Por ttorney shall continue from year to year for purposes of cas tions for Town Council in Town of Fenwick Island, Delawa	wer of laware wer of sting a
IN WITNESS WHEREOF, I have here	reunto set my Hand and Seal this day of	
, A.D., 202_		
In The Presence Of:		
	By:	
Witness		
STATE OF :		
COUNTY OF :	SS	
BE IT REMEMBERED, that on this	day of, A.D., 202, personally app	peared
before me, the Subscriber, a Notary Public for	the State and County aforesaid,	POA1
as the of	f [Insert name of period signing unsert [Insert name of period signing unsert]	to this
instrument, known to me personally to be such	n, and he/she acknowledged this instrument to be his/her act	and
deed and the act and deed of the said Entity.		
IN WITNESS WHEREOF, I hereunto	set my hand and official seal.	

Notary Public My Commission Expires: _____

[NOTARIAL SEAL]