

**LITTLE BLUE NATURAL RESOURCES DISTRICT
POWER OF ATTORNEY**

(To be used by absentee landowners, or those wishing to designate another responsible person for NRD activities.)

Please use another POA form for more than one grantors or more than one address.

I, THE UNDERSIGNED, hereby appoint _____ of
 _____ (NAME OF ATTORNEY-IN-FACT)
 _____ (ADDRESS) _____ (CITY) _____ (STATE) _____ (ZIP CODE)
 the Attorney-in-Fact to act for _____
 _____ (ADDRESS) _____ (CITY) _____ (STATE) _____ (ZIP CODE)
 NAME OF GRANTOR(S)

in connection with the programs and/or regulations of the LITTLE BLUE NATURAL RESOURCES DISTRICT, shown below:

Check Applicable Item(s) Below:

- _____ Ground Water Management Rules and Regulations (Water Quality and Water Quantity)
- _____ Well Decommissioning Cost-Share Program
- _____ Chemigation Program
- _____ Little Blue Public Water Projects (Rural Water System)
- _____ Little Blue Soil and Water Conservation Cost-Share Program
- _____ Little Blue NRD Cost-Share for Dams
- _____ Nebraska Erosion and Sediment Control Program
- _____ Nebraska Buffer Strip Program
- _____ Wild Nebraska (Wildlife Habitat) Program
- _____ Other (Specify) _____

This Power of Attorney is valid for the LITTLE BLUE NATURAL RESOURCES DISTRICT, a political subdivision of the State of Nebraska, and applies only to the programs and/or rules and regulations checked above. This Power of Attorney shall remain in full force and effect until (1) written notice of its revocation has been duly served upon the LITTLE BLUE NATURAL RESOURCES DISTRICT; (2) death of the undersigned grantor; or (3) notice of incompetence or incapacitation of the undersigned grantor. This Power of Attorney shall not be effective until properly executed and served to the LITTLE BLUE NATURAL RESOURCES DISTRICT, P. O. Box 100, Davenport, Nebraska 68335.

AUTHORIZED SIGNATURES:		
Signature(s) of Grantor(s) - (Individual)		Date

Signature of Grantor - (Partnership, Corporation, Trust, etc.)	Title	Date

WITNESS SIGNATURES:		
Witness Signature (Little Blue NRD Employee Only)	Position	Date
Notary Public (If this form is <u>not witnessed</u> by an employee of the Little Blue NRD, it should be witnessed by a Notary)		
Signature _____	State of _____	County of _____

FOR NRD USE ONLY: (This Power of Attorney become effective when received by the Little Blue NRD)	
Received by: _____ (Little Blue NRD Employee)	Effective Date: _____