

This instrument prepared by:
R. N. Koblegard, III, Esquire
200 S. Indian River Drive, Suite 201
Fort Pierce, FL 34950

JOSEPH E. SMITH, CLERK OF THE CIRCUIT COURT
SAINT LUCIE COUNTY
FILE # 4218538 08/03/2016 04:10:13 PM
OR BOOK 3697 PAGE 2048 - 2049 Doc Type: AGR
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Property Appraisers Parcel Identification (Folio) Number(s):
2407-321-0001-000-8

TO: WATER/WASTEWATER ENGINEERING
FORT PIERCE UTILITIES AUTHORITY
POST OFFICE BOX 3191
FORT PIERCE, FLORIDA 34948-3191

5500 ORANGE AVE, FORT PIERCE, FL 34947
Location Address

Mailing Address (if different from location address)

Dear Sir:

The undersigned does hereby apply to Fort Pierce Utilities Authority for water service and/or sewer service outside the City limits of the City of Fort Pierce, Florida to the following-described property which I own, to wit:

PLEASE SEE ATTACHED LEGAL DESCRIPTION LABELED "EXHIBIT A"

THE ABOVE-DESCRIBED PROPERTY IS NOT THE HOMESTEAD OF THE GRANTOR. THE GRANTOR RESIDES AT 5404 IDEAL HOLDING ROAD, PORT SAINT LUCIE, FL 34987.

I hereby agree that in consideration of my request for water service and/or sewer service to my property, that if my property either becomes contiguous to the City limits of the City of Fort Pierce, Florida, as such term is defined in the Laws of Florida, is subject to a Chapter 171 interlocal service boundary agreement where contiguity has been waived by the County, or may otherwise be lawfully annexed, that this application shall be considered as an application for the annexation of my property (above-described) into the City of Fort Pierce, Florida. I do also hereby for myself, my heirs, successors and assigns approve the annexation of my property into the City of Fort Pierce, Florida and consent thereto in the event that it, or any area including it, is proposed for annexation by election or otherwise. I waive any and all objections to annexation of the property and agree that this Agreement shall be construed to satisfy any requirements of law for consent to, or approval of, such annexation now or hereafter required.

I further confirm that this Agreement shall be binding upon my heirs, successors or assigns and that this document may be recorded in the Public Records of St. Lucie County, Florida for the purpose of serving as notice to all persons or entities.

In Witness Whereof, I hereunto set my hand and seal this 1st day of August, 2016.

Signed, sealed and delivered in our presence as witnesses:

[Signature]
Witness Signature

Amy Shels
Printed Witness Signature

[Signature]
Witness Signature

Nikol Martin
Printed Witness Signature

[Signature]
Signature

Joseph G. Miller, as Trustee of the Joseph G. Miller Revocable Living Trust

Printed Signature
5404 Ideal Holding Road

Address

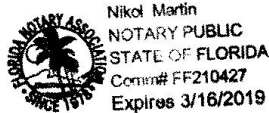
Port Saint Lucie, FL 34987

City, State, Zip

STATE OF FLORIDA
COUNTY OF ST. LUCIE

I hereby certify that on this day before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared **Joseph G. Miller, as Trustee of the Joseph G. Miller Revocable Living Trust**, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person: Driver's License; and that an oath was not taken.

RUBBER STAMP NOTARY SEAL



Witness my hand and official Seal in the County and State last

aforesaid this 1st day of August, A.D. 2016.

[Signature]
Notary Signature

Nikol Martin
Notary Printed Signature