

Limited Power of Attorney Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title/Position]

[Company/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally apply for a Limited Power of Attorney. I wish to appoint [Agent's Name] as my attorney-in-fact to act on my behalf in specific matters outlined below:

- [Specific Task/Authority #1]
- [Specific Task/Authority #2]
- [Specific Task/Authority #3]

This Limited Power of Attorney will be effective from [Start Date] until [End Date], or until revoked by me in writing.

Please find enclosed the required documentation for your review. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Name]