

Agent Authorization Form

y v winterockerty.ca	y vy D winteroexerty.ca		
Application Type(s):			
Site Address(es):			
PID(s):			
Legal Description(s):			
do authorize the person indicated the above referenced property/ies and authorize the Agent to act on		he stated application type(s) for nents for the above application(s)	
	all sign this Authorization Form. Company-owned properties must be repanges in ownership will require the submission of new Authorization Fo		
Name of Property Owner(s):			
If company-owned, please also provide a contact name:			
Mailing Address:			
Main & Cell Phone Number:			
E-Mail Address:			
Name of Agent:			
Company Name (if applicable):			
Mailing Address:			
Main & Cell Phone Number:			
E-Mail Address:			
I hereby consent	Please sign Below:	Date (YY/MM/DD)	
Property Owner:			
Property Owner:			
Property Owner:			
Authorized Agent:			

Revision Date: March 17, 2022