



Agent Authorization Form

DATE			
LEGAL DESCRIPTION	(see your Tax Assessment Notice or Certificate of Indefeasible Title)		
Street Name and Number (if known):		City/Town:	

I / WE,	Declare that I am / we are the registered owner(s) of the property described above and
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PROVIDE AUTHORIZATION FOR:	
	(Name of Agent)

TO ACT AS AGENT IN THE MATTER OF:	
	(list scope of agency representation i.e. building permit, DP, etc. on above property)

Signature of Owner(s)		Date	
Signature of Agent(s)		Date	

Date Recd:		Recd by:		File #:	
PID:		Folio:			