

**PROPERTY OWNER(S)
AUTHORIZATION FORM**

PROPERTY DESCRIPTION							
Civic Address:							
Legal Address:							
Plan	Block	Lot	OR	Qtr	Sec	Township	Range 25 West of 4th Meridian

I/We _____, being registered owner(s)
(name of registered owner(s))
of the above noted property, do hereby authorize _____
(name of individual or firm seeking application)
to make application for _____
(nature of application(s), i.e. redistricting, subdivision, development permit, building permit, etc.)
affecting the above noted property.

Name of Registered Owner

Address

Municipality Province Postal Code

Signature

Date

Name of Registered Owner 2 (if applicable)

Address

Municipality Province Postal Code

Signature

Date

PLEASE NOTE: This signed authorization pertains only to the specific application(s) to which it is attached.

The personal information on this form is collected under the authority of section 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act*. Questions regarding the collection of this information can be directed to the Records/FOIP Coordinator at 780-939-7849, 10125-100 Avenue, Morinville, Alberta, T8R 1L6.