# Agent Authorization Form

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

| | |
|---|---|
| I / WE,<br><br>(All registered owners)<br><br>Please print name(s) | Name: |
| | Name: |
| | Name: |
| | Declare that I am / we are the registered owner(s) of the property described above |

| | |
|---|---|
| PROVIDE AUTHORIZATION FOR: | Name: |
| | (Name of Agent) |

| | |
|---|---|
| TO ACT AS AGENT IN THE MATTER OF: | To view and obtain copies of all plans and permits: |
| | (list scope of agency representation i.e. building permit, DP, etc., on above property) |

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

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