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| For use by Principal Authority | | | |
| Date received: | | Received by: | |
| Roll number: | | File number(s): | |
| Related CMOD? No Yes, details: | | | |
| Requested from Records on: | | | |
| Applicable fees: | | Photocopy time (mins): | |
| | | Time spent with customer (mins): | |
| A. Applicant Information | | | |
| Applicant is: Owner or Authorized Agent of Owner | | | |
| Last Name | | First Name | Corporation or partnership |
| Street Address | | City/Town | Province |
| Postal Code | Phone Number | Email | |
| B. Property Details (if different from above) | | | |
| Street Address | | City/Town | Province |
| Legal Description | | | |
| C. Request Details | | | |
| Please provide a detailed description of the information you are requesting, ex: building permit file, site plan, floor plans, survey, etc. | | | |
| D. Declaration | | | |
| I declare that I am: | | | |
| <p style="margin-left: 40px;">The registered property owner of the requested building records and have provided proof of ownership.</p> <p style="margin-left: 40px;">A person who has provided written consent of the registered property owner.</p> <p style="margin-left: 40px;">A director of the management company responsible for the building on behalf of a property owner.</p> | | | |
| _____ | | _____ | |
| Date | | Signature of Applicant | |

Personal information contained on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act*, and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Municipal Freedom of Information Co-ordinator, Town of Caledon, 6311 Old Church Road, Caledon, Ontario, L7C 1J6, 905.584.2272