

Owner's Authorization to Submit the Application

Please complete this form if the applicant is not the property owner

A. Property Information

Street Number, Street Name

City/Town, Province, Postal Code

B. Authorization

I /We, the property owner(s), authorize the below signed agent to act on my/our behalf in respect to the work to be undertaken.

Owner(s) Information

First Name, Last Name

Signature

Date (yyyy-mm-dd)

Where the owner is a corporate entity, provide signature of authorized signing officer

Corporation Name

Position Title:

First Name, Last Name

Signature

Date (yyyy-mm-dd)

I/we have the authority to bind the corporation.

C. Agent or the Person Authorized

First Name

Last Name

Signature

Date (yyyy-mm-dd)

D. Owner Declaration

First Name, Last Name

Signature

Date (yyyy-mm-dd)

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