

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.

Personal information is collected for the purpose of processing your application form and will be used to contact you regarding your application. Collection is authorized under section 4(c) of the Protection of Privacy Act. Your personal information will be used to process your application(s). Please be advised that your name, address and details related to your application may be inputted into an automated system to generate content to make decisions, recommendations, and predications and may be included on reports that are available to the public as required or allowed by legislation. Your information will only be used solely for the purposes related to the Town of Morinville.