



10125 – 100 Avenue
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www.morinville.ca

**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

Name of Registered Owner 2 (if applicable)

Address

Address

Municipality

Province

Postal Code

Municipality

Province

Postal Code

Signature

Signature

Date

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 predictions 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.