



AGENT AUTHORIZATION FORM

I / we, the undersigned registered owner(s) of property(ies) located within the Regional District of Mount Waddington which is / are legally described as:

and having the civic address(es) of: _____

hereby authorize:

Name: _____

Mailing Address: _____

Telephone: _____

Email: _____

to act as my / our agent with respect to the above referenced property(ies) and to:

1. Make application to the Regional District of Mount Waddington to obtain an approval(s) or permit(s) and to make representation to the RDMW on my / our behalf in this capacity;
2. Provide to the Regional District of Mount Waddington, as my agent, all information and documents required in relation to such application; and,
3. View and obtain copies of all plans and permits on my / our behalf.

SIGNATURE OF PROPERTY OWNER(S):

NAME: _____ SIGNATURE _____ DATE: _____

NAME: _____ SIGNATURE _____ DATE: _____

NAME: _____ SIGNATURE _____ DATE: _____

NAME: _____ SIGNATURE _____ DATE: _____