



# TOWNSHIP OF EAST GARAFRAXA

## AGENT AUTHORIZATION FORM

Legal Description: Lot: \_\_\_\_\_ Plan/Conc: \_\_\_\_\_

Street Address: \_\_\_\_\_

The undersigned, registered property owner(s) of the above noted property, do hereby authorize \_\_\_\_\_, to make applications and amendments to applications on our behalf. It is understood that we will abide by all by-laws and acts of the Township of East Garafraxa and that any approvals granted by this application will be carried out in accordance with the municipal requirements.

Property Owner's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Property Owner's Address (if different than property above):

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_