



AGENT AUTHORIZATION FORM

Development Services

13211 Henry Ave. Box 159, Summerland, BC V0H 1Z0

Phone: 250 494-1373 Fax: 250 494-1415

www.summerland.ca devserv@summerland.ca

PROPERTY UNDER APPLICATION		
Civic Address:		
REGISTERED PROPERTY OWNER(S) Main Contact		
NAME(s) ON TITLE:	PHONE:	ALTERNATE PH:
MAILING ADDRESS:	EMAIL:	
AUTHORIZED AGENT		
NAME OF AUTHORIZED AGENT:	AGENT BUSINESS NAME (IF APPLICABLE):	
MAILING ADDRESS (and postal code):	PHONE:	
CITY:	EMAIL:	
AGENT SIGNATURE:	DATE:	

PROPERTY OWNERS'S AGREEMENT – All Owners on Title to Sign		
As owner(s) of the land described in this application, I/we hereby consent to the submission of this municipal application, and hereby authorize the following person to act in regard to this application:		
NAME (PRINT):	SIGNATURE:	DATE:
NAME (PRINT):	SIGNATURE:	DATE:
NAME (PRINT):	SIGNATURE:	DATE:
NAME (PRINT):	SIGNATURE:	DATE:

Proof of Signing Authority required for Commercial or Numbered Companies