



# AGENT AUTHORIZATION FORM

13211 Henry Avenue, Box 159, Summerland, British Columbia, V0H 1Z0

Development Services Department

Telephone: (250) 494-1373 Fax: (250) 494-1415

Email: developmentsservices@summerland.ca

PROPERTY UNDER APPLICATION		
CIVIC ADDRESS:		
REGISTERED PROPERTY OWNER(S) (Main Contact)		
NAME(S) ON TITLE: <b>(Proof of signing authority is required for companies)</b>	PHONE:	PHONE (ALTERNATE):
MAILING ADDRESS (incl. postal code):	E-MAIL:	
AUTHORIZED AGENT		
NAME OF AUTHORIZED AGENT:	AGENT'S BUSINESS NAME (IF APPLICABLE):	
AGENT'S CONTACT INFORMATION		
MAILING ADDRESS (incl. postal code):	PHONE:	
CITY:	E-MAIL:	
<b>AGENT'S SIGNATURE:</b>	<b>DATE:</b>	

PROPERTY OWNER'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 above person to act as applicant in regard to this application:		
Name (Print)	Signature	Date
Name (Print)	Signature	Date
Name (Print)	Signature	Date
Name (Print)	Signature	Date
Name (Print)	Signature	Date

OFFICE USE	ASSOCIATED APPLICATION NUMBER(S):
File a copy with all applicable applications. This Agent Authorization is only valid for the above application numbers	