

## **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

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 APPPLICABLE):	
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**