



8348 Wellington Road 124,  
P.O. Box 700  
Rockwood ON N0B 2K0  
Tel: 519-856-9596  
Fax: 519-856-2240  
Toll Free: 1-800-267-1465

### APPLICANT AUTHORIZATION FORM

*Please complete this form as part of your Planning Act Application if the applicant is not the owner of the property.*

I/We \_\_\_\_\_  
*(Owner Name/Signing Authority)*

the registered owner(s) of \_\_\_\_\_  
*(Municipal Address or Legal Description of the Property)*

hereby authorize \_\_\_\_\_  
*(Applicant/Agent Name)*

as an officer/employee of \_\_\_\_\_ to act  
*(Company)*

as agent for the submitted \_\_\_\_\_ application,  
*(Type of Planning Act Application)*

which relates to the above noted lands.

\_\_\_\_\_  
Signature of Owner/Signing Authority

\_\_\_\_\_  
Date