

8348 Wellington Rd 124  
P.O Box 700  
Rockwood, ON N0B 2K0

**Directions**

**PLEASE FILL OUT THE FORM BELOW AND EMAIL OR MAIL IT TO:**

**Email: [bylaw@get.on.ca](mailto:bylaw@get.on.ca)  
Attn: By-law Enforcement Department  
Township of Guelph/Eramosa  
8348 Wellington Rd 124  
P.O Box 700  
Rockwood, ON N0B 2K0**

**Instructions**

1. The purpose of the form is for property owners to authorize agents, qualified professionals or, legal professionals to act and represent them for services that the owner of a property is required to attend personally.
2. This form can also be used by individuals who are represented by legal professionals to authorize their legal professional to communicate and request information from the Township or their behalf.
3. Please ensure that you fill out all informations completely, and accurately. Any false, misleading or incorrect information, may result into delays or a rejection in the processing of your Authorization Form.

**A. Your Information**

This section is to be completed by the party being represented. (ie: Property Owner). Please note that the party being represented must be registered on title, or have a legal interest in the land (ie: an occupant leasing a property from the registered owner documented through a lease).

Name	
Address	
Phone number	
Email	

**B. Proof of Ownership**

*Provide a proof of property ownership: Current Tax Bill, Transfer/Deed of Land. If property owned by a Corporation or Partnership, please also attach Certificate of Incorporation*

What document are you providing to prove ownership?

- ☐ Current Tax Bill
- ☐ Transfer/Deed of Land
- ☐ Certificate of Incorporation or Partnership
- ☐ Legal Representation Only (No ownership proof necessary)

### C. Party to be authorized

Name of Agent/Representative	
Profession of Agent/Representative	
Corporation or Partnership Name	
Address	
Phone number	
Email	

### D. Purpose of Authorization

What is the purpose of the authorization? \_\_\_\_\_

Authorization Start Date

Authorization End Date

*If the authorization is to be continuous and not expire, please leave this field blank. An owner can always contact to revoke an authorization.*

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### E. Declaration

I, \_\_\_\_\_ being the Registered Owner of the above property hereby authorize the party stated in Section B of this form to conduct the services identified in Section C of this form for the duration identified in the same section. I also hereby declare that the information given in this form is true, complete, and accurate.

Signature: \_\_\_\_\_

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

### Notice of Collection

The Township of Guelph/Eramosa collects information under the authority of section 227 of the Municipal Act, 2001. Any personal information collected on this form is intended to be for agent/representative authorization, if necessary. Questions about the collection of this personal information can be directed to the Deputy Clerk at 519-856-9596 x107 or by mailing them to:

Township Office, 8348 Wellington Rd 124 P.O Box 700, Rockwood, ON, N0B 2K0