

DISTRICT OF LAKELAND NO.521

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Box 27 Christopher Lake, SK. S0J 0N0

Authorization Form

I,	, the owner of the real property located at		
Print Name			
		. within t	he District of Lakeland
Civic Address		,	
hereby give authorization to			who's contact
Print Name of In	ndividual		
information is			
Mailing Address			Phone Number
To act on my behalf for the duration of the follo	owing project:		
Describe work or project to be undertaken			
OR			
To act on my behalf for the time period from		to	
	Month/Date/Year		Month/Date/Year
By providing this authorization I know and un responsibility I may have as the property owner authorization at any time by providing such in	er. I further acki	nowledge	that I can revoke this
Signature	Date	2	

My contact telephone number is/are

Primary Phone Number

Other