

PROXY

OWNER'S INFORMATION

Last name

First name

E-mail

Phone number

ADDRESS OF THE IMPLICATED PROPERTY

Civic n°

Street name

City

Province

Postal code

Lot (s) n°

AUTHORIZED REPRESENTATIVE'S INFORMATION

Last name

First name

E-mail

Phone number

ADDRESS OF THE REPRESENTATIVE

Civic n°

Street name

City

Province

Postal code

OWNER'S AUTHORIZATION

The owner authorizes his representative, named above, to submit to the Town of Mount Royal, one or more requests provided in the by-law, namely :

- Consult my property's file (including the plans) and obtain a copy
 - Consult and obtain copy of the plans only
 - Complete an application for a permit or a certificate
 - Other request, please specify the nature : _____
- _____
Other request's specification

The owner also authorizes his representatives, named above, to sign the documents and commitments required for the submission of this application for the property indicated above.

OWNER'S SIGNATURE

I declare to be the owner of the building and I authorize my representative to submit to the Town of Mount Royal one or several application (s) as listed above.

Signature

Date