

Letter of Authorization

DATE: _____

MID-WEST PLANNING DISTRICT
111 SARAH AVE, P.O. BOX 96
MINIOTA, MB R0M 1M0

RE: TOWN/MUNICIPALITY: _____

LEGAL ADDRESS: _____

CIVIC ADDRESS: _____

[PLEASE PRINT]

I, _____, HEREBY GIVE _____
(PROPERTY OWNER) (APPLICANT)

AUTHORIZATION TO ACT ON MY BEHALF ON ALL MATTERS IN RELATION TO THE APPLICATION AND
PERMIT FOR THE PROPOSED _____,
(PROJECT DESCRIPTION)

INCLUDING SIGNING OF ALL DOCUMENTS RELATING TO THESE MATTERS.

PROPERTY OWNER SIGNATURE

PROPERTY OWNER INFORMATION

COMPANY NAME (if applicable): _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____