

45 View Royal Avenue, Victoria, BC, Canada V9B 1A6
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## **Agent Authorization**

Date:	
As the registered owner(s) of the property	at
I/we appoint	
Company Name:	
Agent Telephone:	
Agent Email:	
As an agent authorized to:  View and/or obtain copies of proper  Apply for and obtain permits for pro-	ty information; posed construction at the above address.
NAME OF REGISTERED OWNER (PLEASE PRINT)	SIGNATURE OF REGISTERED OWNER OR AUTHORIZED SIGNATORY OF CORPORATE OWNER
TELEPHONE	EMAIL EMAIL
This signed authorization will remain in effort	ect until

I understand that proof of ownership may be required as per Section 5.1 (b) of the *Freedom of Information & Protection of Privacy Act*.

This information is collected by the Town of View Royal under the *Local Government Act, Community Charter* and section 26 of the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of administering requests for property information and permits. Should you have any questions about the collection of this personal information please contact the FOI Coordinator, 45 View Royal Avenue, 250-479-6800, <a href="mailto:info@viewroyal.ca">info@viewroyal.ca</a>.