

LETTER OF AUTHORIZATION

DATE: _____

SOUTH INTERLAKE PLANNING DISTRICT
285 MAIN STREET, P.O. BOX 1219
STONEWALL, MB ROC 2Z0

TO WHOM IT MAY CONCERN:

RE: TOWN/MUNICIPALITY: _____

LEGAL ADDRESS: _____

CIVIC ADDRESS: _____

I, _____, HEREBY GIVE _____
(PRINT NAME) (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.

SIGNATURE

PROPERTY OWNER INFORMATION

COMPANY NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____