

## **Agent Authorization Form**

*If an Agent is authorized to act on behalf of the Landowner, please complete the following:* 

## Agent Information:

Name of Agent:		_Tel. (Main):
Organization:		_ Tel. (Other):
Mailing Address:		
City:	Province:	Postal Code:
E-mail:		

## Authorization:

I/We \_\_\_\_\_\_\_hereby authorize the above named Agent to submit the enclosed application to the Lower Thames Valley Conservation Authority (LTVCA), and to appear on my/our behalf at any hearing(s) of the application and to provide any information or material required by the LTVCA relevant to the application for purposes of obtaining a permit in accordance with the requirements of the Conservation Authorities Act and Ontario Regulation 41/24.

Signature of Landowner:	Date:
Name of Landowner:	
Landowner's Phone #:	
Landowner's E-mail:	
Address of Subject Property:	_