



Owner's Authorization Form
Tree Cutting Permit Authorization

Name of Owner(s)

Mailing Address City Postal Code

Primary Telephone Email Address Fax

I /we own the following property:

Municipal Address:

Legal Description:

(the "Land")

and hereby authorize:

Name of Authorized Agent

Mailing Address City Postal Code

Primary Telephone Email Address Fax

to act on my / our behalf ( the "Authorized Agent") on all matters pertaining to the following permit application with respect to the Land, including authority to endorse or execute application documents on my/our behalf:

It is understood that until the City is advised in writing that the Authorized Agent no longer acts on behalf of the Owner, the City will deal with the Authorized Agent with respect to all matters pertaining to the Permits referred to in this Authorization Form.

I/we hereby authorize the Authorized Agent to act on our behalf in accordance with the terms of this Authorization Form. This authorization supersedes any previous agent authorization.

Dated this \_\_\_ day of \_\_\_, 20\_\_

Acknowledged and agreed:

(Owner's name) by its authorized signatory(ies):

(Agent's name) by its authorized signatory(ies):

Name: Title:

Name: Title:

Name: Title:

Name: Title:

Note: Each owner of the Land must sign this Authorization Form. Please use additional sheets if necessary. If ownership of the Land changes prior to approval or issuance of the Permit, then a new Authorization Form must be submitted to the City.