



1229 Esquimalt Road
Esquimalt BC V9A 3P1
PHONE: 250-414-7103
FAX: 250-414-7160
www.esquimalt.ca

AGENT AUTHORIZATION

Date: _____

Please be advised that I/we, _____
(PRINT NAME(S))

As the registered owner(s) of _____
(ADDRESS)

Appoint _____ as an agent authorized
(NAME OF PERSON TO ACT AS AGENT)

(ADDRESS/PHONE NUMBER OF AGENT)

To receive permits on behalf of the registered owner for the above referenced address.

Owner(s)
Signature: _____
