

Authorization Form

	Print name(s) of registered owner(s)
Being the registered ov	wner(s) of
Lega	I description and/or municipal address of subject lands
Hereby authorize	
Nar	ne of person(s) or firm making application
To submit a Developm	ent Permit application for the above described property.
	Signature(s) of registered owner(s)
Authorization signed o	n:
Note: This information	is being collected under the authority of the Town of Dray
	and will be used to process the application. The information

Valley Land Use Bylaw and will be used to process the application. The information is protected by the provisions of the Freedom of Information and Protection of Privacy (FOIP) Act. If you have any questions regarding the collection of information, please contact the Town of Drayton Valley at 780-514-2200