

Email Consent Form

CUST# _____

BUSINESS NAME _____ LICENCE# _____

BUSINESS ADDRESS _____

PHONE# _____ EMAIL _____

COMMENTS _____

DECLARATION

I declare that I am authorized to act in relation to the stated licence and that the email supplied in this document is true and correct and will be the primary means of communication for matters relating to Business Licences. I hereby authorize the Town of Drayton Valley to communicate all Business Licence matters to the email provided above.

NAMES (please print)	SIGNATURE	DATE

FOR OFFICE USE ONLY		
RECEIVED BY (please print)	PROCESSED BY (please print)	DATE