The Corporation of The

Town of Amherstburg

PLANNING AGENT AUTHORIZATION FORM

APPLICANT AND AGENT INFORMATION

Provide in full the name of the applicant, and, if applicable, the agent, and include the name of the contact person, and address, postal code, phone number, and email address. If the applicant is a numbered company, provide the name of the principals of the company. If there is more than one applicant, copy this page, complete in full and submit with this application.

Applicant

Name: _____ Contact: _____
Name of Contact Person

Address: _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

File Number: _____ Name of Development/Address: _____

Agent Authorized by the Owner

Name: _____ Contact: _____
Name of Contact Person

Address: _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

_____ _____

Signature of Applicant ***Date***

CONTACT INFORMATION

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