



Office Use

Application No:

Landowner Authorization Form

Date: _____

I/We, _____ (Registered Owner(s) Name),
being the registered owner(s) for the lands legally described as _____,
do hereby authorize _____
to submit a Land Use Rezoning / Subdivision / Area Structure Plan / and/or Development Permit
application(s) on our behalf for the above-described property.

Registered Owner Signature_____
Date_____
Registered Owner Signature

Mailing Address: _____

Phone Number: _____ Email: _____

PLEASE NOTE: This signed authorization pertains only to the specific application(s) to which it is attached.

The personal information requested on this form is being collected under the authority of Section 4(c) of the Protection of Privacy Act (POPA). The information will be used for the purpose for which it was collected. For further information about the collection and use of this information please contact Lethbridge County by email atippcoordinator@lethcounty.ca or call 403-328-5525.

