



**Mailing Address**  
PO Box 270 Bridgenorth  
Ontario K0L 1H0

**Tel:** 705 292 9507  
**Fax:** 705 292 8964

[www.selwyntownship.ca](http://www.selwyntownship.ca)

### Letter of Authorization / Agent Authorization

I, \_\_\_\_\_ the undersigned, being the property owner of the subject land(s) \_\_\_\_\_ and having authority to grant permission, hereby, authorize \_\_\_\_\_ to be the applicant in the submission of this application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant