CITY OF WEST KELOWNA

Development Services Building Department

3731 Old Okanagan Highway West Kelowna, BC,
V4T 0G7 Phone: 778-797-8820

Owner's Authorization Form

PROPERTY INFORMATION

Civic Address:		
Registered Owner Name(s):		
Mailing Address:		
City:	**Province:**	**Postal Code:**
Phone:	**Email:**	
Signature(s):		**Dated:**

Please be advised that I/we, the registered owner(s) of the above-mentioned property (select applicable):

- ☐ Authorize the following applicant/agent to apply for all applications related to the above-mentioned property on my/our behalf.
- ☐ Provide to the City of West Kelowna all information and documents required for applications related to the above-mentioned property on my/our behalf.
- ☐ Authorize the following applicant/agent access to property information related to the above-mentioned property on my/our behalf.

I/we agree to immediately notify the City of West Kelowna, in writing, of any changes regarding this information.

Applicant/Agent Name:		
Company Name (if applicable):	**Business Licence # and issuing Municipality:**	
Mailing Address:		
City:	**Province:**	**Postal Code:**
Phone:	**Email Address**	
Signature(s):		**Dated:**