

regs@erca.org P.519.776.5209 F.519.776.8688 360 Fairview Avenue West Suite 311, Essex, ON N8M 1Y6

## LANDOWNER AUTHORIZATION

I, We,	are the owner(s) of property described me of property owner)			
(name	of property owner)			
as Lot	, Plan Number	or (	Concession,	
Roll Number		, municipal address known as		
	in the Town(s	hip) of	and hereby	
authorize		(contact n	number)	
to act as agent to o	btain information from the	Essex Region Cons	ervation Authority	
regarding the above	e-referenced property and	, further, to authoriz	e Representatives of the	
Essex Region Conse	ervation Authority to under	take field investigati	ons, survey and/or	
prepare reports reg	arding Authority issues for	the above-reference	ed property.	
Signature of Owner	Date	(yyyy-mm-dd)		
Signature of Owner		(yyyy-mm-dd)		

