

## **AUTHORIZATION TO ACT ON BEHALF OF THE OWNER**

## Must be completed if Applicant is not the registered Owner of the Short Term Rental Property

I/We, being the re	egistered owner(s) of the la	ands subject of this application he	ereby authorize	
		(Name of Person)		
		(Name of Person)		
of the Town/City	of	(Town, City or Township)		
		(Town, City or Township)		
in the Regional M	lunicipality of			
G	. ,	(Region, County or District)		
with Part IV. Lice	nses of the Municipal Act,	Town of Fort Erie for a Short Ter 2001, as amended.  (Town, City or Township)		ance
		(Town, City or Township)		
in the Regional M	lunicipality of	(Region, County or District)		
		(Region, County or District)		
This	day of		20	
Owner signature		Witness signature		
Owner signature		Witness signature		