



AUTHORIZATION TO ACT ON BEHALF OF THE OWNER

Must be completed if the applicant is not the registered owner of the Short-Term Rental property

Short-Term Rental Address:

Owner Name:

Owner Address:

Applicant Name:

Applicant Address:

I, \_\_\_\_\_ hereby allow the applicant above to make application on my/our behalf to the Town of Fort Erie for a Short-Term Rental Licence in accordance with Part IV, Licences, of the Municipal Act, 2001, as amended.

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Owner Signature

Applicant Signature