



DESIGNATION OF AUTHORIZED AGENT SUBDIVISION APPLICATION

(To be attached to Subdivision Application – Form C)

PROPERTY LEGAL DESCRIPTION:

QUARTER: _____ SECTION: _____ TOWNSHIP: _____ RANGE: _____ - W6TH MERIDIAN

LOT: _____ BLOCK: _____ PLAN: _____

The undersigned, registered Landowners of the above noted property, do hereby authorize:

Agent (Printed Name)

Company Name (if applicable)

To act as my agent and on my behalf with regards to the subdivision application on the lands described above.

LANDOWNER INFORMATION:

Landowner (Printed Name)

Landowner (Signature)

Landowner (Printed Name)

Landowner (Signature)

Landowner (Printed Name)

Landowner (Signature)

Landowner (Printed Name)

Landowner (Signature)

Company Name (if applicable)

Date

FOR ADMINISTRATIVE USE

APPLICATION NO.:

Notice of Collection

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of applying for a Subdivision. Direct any questions about this collection to: FOIP Coordinator, Saddle Hills County Complex, RR1, Spirit River, AB, T0H 3G0. Phone: 780-864-3760. Email: foip@saddlehills.ab.ca