

AGENT'S AUTHORIZATION FORM

20338 65 Ave., Langley B.C. V2Y 3J1

Phone 604-533-6018

T/NA/	(the "Decistored Organs")
I/We,(Legal name(s) appearing on the Title -	(the "Registered Owner"), - Please print)
own the lands described below and confirm the ap	pointment of:
(Agent's name, mailing addres	es, e-mail address and phone number)
To act as agent with respect to all matters relat	ing to
regarding the lands described as:	
LEGAL:	
CIVIC ADDRESS:	
matters pertaining to the appointment at the Registered Owner or any other pers. 2. the above-noted agent has authority to Township of Langley, to perform all marespect to the appointment; 3. a written letter from the Registered Owner.	natters and take all necessary proceedings with mer(s) is required to cancel this appointment. n, including personal information, contained in
(Signature of Agent)	Signature of Registered Owner(s)
	Address & phone number of owner(s)
	Data