



Routine Disclosure Property Owner Authorization Form

I [name(s)] _____, being the registered
property owner(s) of _____ authorize the
requestor (name) _____ to access copies of records for
the above-mentioned property, if available. This authorization is valid for this
request only.

Property Owner(s) Signature:

Signature _____

Date:

Signature _____

Date:

Personal information, as defined by Section 2 of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), is collected under the authority of the *Municipal Act, 2001*, in accordance with the provisions of MFIPPA. Questions regarding the collection of this information may be directed to the Township Clerk's office.

The Township of Puslinch is committed to providing accessible formats and communication supports for people with a disability. If another format would work better for you, please contact the Township Clerk's office for assistance.