regs@erca.org
P.519.776.5209
F.519.776.8688
360 Fairview Avenue West
Suite 311, Essex, ON N8M 1Y6

LANDOWNER AUTHORIZATION

I, We, _____ are the owner(s) of property described
(name of property owner)

as Lot _____, Plan Number _____ or Concession _____,

Roll Number _____, municipal address known as

_____ in the Town(ship) of _____ and hereby

authorize _____ (contact number) _____
(name of agent)

to act as agent to obtain information from the Essex Region Conservation Authority regarding the above-referenced property and, further, to authorize Representatives of the Essex Region Conservation Authority to undertake field investigations, survey and/or prepare reports regarding Authority issues for the above-referenced property.

_____ _____
Signature of Owner *Date (yyyy-mm-dd)*

_____ _____
Signature of Owner *Date (yyyy-mm-dd)*