



Owner Authorization - Property Inspection (Owner Consent Form)

I,				
Property Owner First Name		Property Owner Last Name		
Company Name (if applicable)				
of,				
Street Address	Unit #	City or Town	Province	Postal Code
Telephone	Fax	Email		

hereby give permission to

Applicant / Authorized Agent First Name		Applicant / Authorized Agent Last Name		
Company Name (if applicable)				

to request a fire inspection for

Street Address	Unit #	City or Town	Province	Postal Code
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The Requester will be responsible for making the request, submitting all required documentation, paying all applicable fees, viewing the records, and making copy requests. All terms and conditions of the *Copyright Act* apply to the use of all records.

Owner Signature (I have the authority to bind the corporation, where applicable)	Date
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The personal information on this form is being collected under Section 8 of the Municipal Act, 2001 and will be used only for the purposes outlined on this form. Questions should be directed to the Supervisor of Administrative Support Services, Barrie Fire and Emergency Service, 155 Dunlop St W, PO Box 400, Barrie, ON, L4M 4T5, (705) 728-3199. FireSupport@barrie.ca