



Owner Authorization - Routine Disclosure (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 access Water and Sanitary Lateral records for

Street Address	Unit #	City or Town	Province	Postal Code
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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 Service Barrie, City of Barrie, 70 Collier Street, PO Box 400, Barrie, ON, L4M 4T5, (705) 726-4242, ServiceBarrie@barrie.ca.