Façade Improvement Grant Program: Application Form

F.	Authorization					
I/We	,	are the owner(s) of the land that is subject of this				
appli	cation, and hereby authorize my agent/s	solicitor				
to ma	ake this application and to act on my bel	half in r	egard	I to this a	application.	
Date	d at the	, this_		of		
	Municipality		Day		Month	Year
Name of Owner (s)				Signature of Owner (s)		s)
Nam	e of Owner (s)			Signatu	re of Owner ((s)

If an agent is authorized in Section E above, all correspondence will be sent to the authorized agent. If no agent is authorized in Section E above, all correspondence will be sent to the Applicant.