



**REGIONAL DISTRICT
NORTH OKANAGAN**

**OWNERS APPOINTMENT
OF AN AGENT**

FILE NO.	
Property Address:	
Legal Description:	
OWNER	Name:
	Address:
	City: Postal Code:
	Phone: Cell:
	Email:
OWNERS AGENT	Name:
	Address:
	City: Postal Code:
	Phone: Cell:
	Email:
I am the owner of the above referenced property and hereby authorize the above noted agent to represent me in an application for the following: <i>(insert applicable information ie: application type)</i>	
OWNER / APPLICANT CONFIRMATION	
1. As applicant or approved agent, I confirm that I have read all relevant Regional District of North Okanagan Bylaws and policies and that this application is in conformance (unless a Bylaw amendment forms part of this application).	
2. I accept responsibility for processing delays caused by incorrect or insufficient submission materials.	
3. I understand that this form is a public document and that any and all information contained, including personal information as that term is defined in the <i>Freedom of Information and Protection of Privacy Act of B.C.</i> is open for inspection by the public and may be reproduced and distributed to the public as part of a report(s) to the Board of Directors or for purposes of a public hearing.	
Signature of Owner:	Date: