



Authorization to Act as an Agent for Access to Records Under MFIPPA

Property Address

I/we the registered owner(s) of the property authorize the below named Applicant to apply for disclosure of records on my/our behalf. I/we authorize the Applicant to be the principal contact with the City of Welland on this application. I understand that this information may include personal information and/or confidential material, and I provide my informed and voluntary consent to its disclosure to the below-named representative.

Authorized Applicant	
Name:	Company Name:
Street Address:	
City/Town:	Province:
Postal Code:	Telephone Number:
Email Address:	Date:
Registered Owner's Name(s) and/or Company Name	Signature

Collection of Information

The personal information on this form is collected under the authority of the *Municipal Information and Protection of Privacy Act, R.S.O., 1990, c. M.56, Municipal Act 2001, S.O. 2001, c.25* and/or the *Building Code Act, 1992 S.O. 1992, c. 23*. The information will be used for the purpose of responding to your request. Questions about this collection can be directed to the City's Records and Information Management Coordinator at 60 East Main Street, Welland, Ontario; (905) 735-1700 ext. 2162.