

LETTER OF AUTHORIZATION PROPERTY FILE ACCESS

DESCRIPTION OF PROPERTY FOR FILE ACCESS REQUEST			
Property Address:			
Legal Description:			
Specific records requested to be viewed:			
PROPERTY OR BUSINESS OWNER/STRATA COUNCIL CONTACT:			
Name :		Strata Council Position:	
Address:			
Tel:	Fax:		Email:
☐ I solemnly declare that I am the registered owner of the property and or business			
☐ I am a signing authority for the Strata Council of the above mentioned referenced property and hereby confirm that permission has been granted by the Strata Council.			
Date:		Signature:	
AUTHORIZATION PROVIDED TO THE FOLLOWING INDIVIDUAL TO REVIEW THE PROPERTY FILE FOR THE ABOVE NOTED PROPERTY FOR FILE ACCESS REQUEST:			
Name :			
Organization:			
Address:			
Tel:	Fax:		Email:
Date:		Signature:	
PLEASE NOTE: THIS AUTHORIZATION IS VALID FOR 30 DAYS			
OFFICE USE ONLY:			
Date Request Received:		Valid to:	