

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:	gnature:	
PLEASE NOTE: THIS AUTHORIZATION IS VALID FOR 30 DAYS				
OFFICE USE ONLY:				
Date Request Received:		Valid to:		