

Date:

Engineering Services Department
District of Kitimat
270 City Centre,
Kitimat, BC V8C 2H7

RE: Permission to Release Information

Please consider this my (our) formal authorization that the District of Kitimat release any information on file with respect to the property located at:

_____, _____, _____
(Civic Address) (PID) (Roll Number)

to _____ upon their request.
(Requestor's Name Here)

Yours truly,

(Authorized Owner Signature)

(Print Authorized Owner Name)

Authorized Owner Address: _____

Authorized Owner Daytime Phone: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____