

Authorization Form Records Release

Address of Property:		
Street No.	Street Name	Suite/Unit No.
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l,	, aπιι First and Last Name	rm* that I am the (select
one):		
Registered Owner		
President of the Stra	ata Council	
Property Manageme	ent Company	
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of the above-reference	d property, and I hereby authorize t	he City of Vancouver to
	formation to the agent referenced be	
Document Information	n:	
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*The City of Vancouver reserves the right to request proof of identity for any reason whatsoever. Providing false or misleading information is illegal and will be prosecuted to the fullest extent of the law.

First Name		Last Name			
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City of Vancouver 453 West 12th Avenue Vancouver, British Columbia, Canada V5Y 1V4 vancouver.ca app: VanConnect