

**Address of Property:**

Street No.	Street Name	Suite/Unit No.
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I, \_\_\_\_\_, affirm\* that I am the (select  
First and Last Name  
 one):

- Registered Owner
- President of the Strata Council
- Property Management Company

of the above-referenced property, and **I hereby authorize the City of Vancouver** to release the following information to the agent referenced below:

**Document Information:**

<input type="checkbox"/> All relevant and accessible documents (provide access to view records and also provide copies if requested).		
<input type="checkbox"/> The following documents or document categories:	<u>Document(s) or Document Category</u>	<u>Applicable Date Range</u>

**\*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.**

**Owner/Strata's Agent Information (i.e. the person who will receive the records):**

First Name		Last Name	
Street No.	Street Name		Suite/Unit No.
City/Town		Province	Postal Code
Phone Number		Email	

I consent to the use of this information by the Authorized Recipient (referenced above) only for the purpose of:

**Purpose of Information Use:**

<input type="checkbox"/> Providing services in relation to the above-referenced property.	
<input type="checkbox"/> Other, please specify:	

I hereby release the City of Vancouver, its employees and agents, from any and all claims whatsoever which may arise as a result of the release of the above information.

I am nineteen years of age or older.

Date Form Completed: \_\_\_\_\_  
Month/Day/Year

**Witnessed By:**

First Name		Last Name	
Street No.	Street Name		Suite/Unit No.
City/Town		Province	Postal Code
Phone Number		Occupation	

**Please note this authorization will expire six months from the above date.**