

Landlord's Authorization Form

Required only if authorizing an agent to act on behalf of the owner(s) with respect to this application.

Municipal Address of Rental Property:

The undersigned, being the owner(s) of the above referenced property, authorizes:

Agent Name	Telephone Number	E-mail Address
Address	City, Province	Postal Code

- To prepare and submit a Residential Rental Housing Licence application
 To make decisions regarding the application or inspection requirements.
 Attend inspections.

Each Landlord must complete above information. If additional space is required, please copy this authorization form.

Name of Landlord (first and last)	Telephone Number	E-mail Address
Permanent Address	City, Province	Postal Code

Date	Signature
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Name of Landlord (first and last)	Telephone Number	E-mail Address
Permanent Address	City, Province	Postal Code

Date	Signature
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This form may contain personal information as defined under the Municipal Freedom of Information and Protection of Privacy Act. This information is collected under the legal authority of the Municipal Act, 2001, S.O. 2001 c.25, as amended. This information will be used and maintained by the City of Oshawa for administering the Residential Rental Housing License process. Questions regarding this collection may be directed to the City's Information Access and Privacy Officer at 905-436-3311.