



Safety and Facility Services

Municipal Law Enforcement and Licensing Services

Property Address:		
property described above and do my/our behalf on all matters perta	fy the City of Oshawa that I am/we are the legal owner authorize the person indicted below ("Authorized Againing to the selected applications (including attending property described above, including the authority fents.	ent") to act on g arranged
Type of Applications/Licenses		
Group Home	☐ Two-Unit House	
Lodging House	☐ Pool Enclosure	
Other (Specify)		
Name of Property Owner(s): _		
Mailing Address:		
City:	Postal Code:	
Telephone:	Fax:	
Email:		
Signature of Property Owner: _	Date:	
Signature of Property Owner: _	Date:	
Name of Authorized Agent:		
Mailing Address:		
City:	Postal Code:	
Telephone:	Fax:	
Email:		
Signature of Authorized Agent: _	Date:	

Personal information contained on this form is collected under the authority of Part IV and Section 11 of the Municipal Act, 2001 and will be used for administering the Licensing and Municipal Law Enforcement process. Questions concerning collection of personal information should be directed to the City of Oshawa's Freedom of Information and Privacy Coordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7 or 905-436-3311.

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