

Property Owner Agent Authorization Form

This form allows a property owner to appoint an agent to act on their behalf. This authorization is valid only in relation to the Old Strathcona Business Associations' (OSBA) Window Repair Grant Program.

What can the agent do?

- Act and speak on behalf of the registered property owner.
- Apply for and, if accepted, participate in the Window Repair Grant Program.

Who can authorize an agent?

Where the owner of the property is an **individual** (as named on the Land Titles certificate):

- The authorization form is to be signed by the owner or someone with Power of Attorney.
- If there are multiple owners of a property, only one owner's signature is required.

Where the owner of the property is a **corporation** (as named on the Land Titles certificate):

- Individuals listed as owning 1% or more of the shares of the business owning the property.
- Individuals that have corporate signing authority through a resolution of the corporation.
- Individuals acting under a Power of Attorney on behalf of the corporation.

Property Managers can authorize a representative if they provide a signed contract/ agreement confirming that they have the authority to act on behalf of the owner/assessed person of the property.

Owner/Property Manager Information

I am identifying myself as an Authorized Signatory. I am an:

- ☐ Owner
- ☐ Authorized Corporate Signatory
- ☐ Authorized Property Manager

I (for corporation(s) - name and position of authorized signatory),

(print name)

authorize disclosure of information to the representative named below, to apply for and participate in the OSBA Window Repair Grant Program. I/we acknowledge that the Old Strathcona Business Association and any of its employees, advisors, or representatives are not making any representation as to the quality, workmanship fitness, sufficiency of any work performed in the course of the window repair, including the selection of any materials. I/we as owner agree I/we have no claim against the Old Strathcona Business Association and any of its employees, advisors, or representatives for any action or inaction, or decision taken in the course of its operation of this Window Repair Grant Program.

Mailing Address: _____

Phone Number: _____ **Email:** _____

Owner Name (owner of Property): _____

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Individual or Corporation Name
(as registered at Alberta Land Titles): _____
Property Management Company
Name: _____

NOTE: Property Managers must provide a signed contract/agreement confirming that they have the authority to act on behalf of the owner/assessed person of the property in relation to property assessment.

Agent Information

Agent Name: _____
Company Name (if applicable): _____
Mailing Address: _____
Phone Number: _____ **Email:** _____

I hereby authorize that the information provided on this Property Owner Agent Authorization by me herein is complete, accurate, and contains no misrepresentations.

Signature of Owner/Authorized Signatory

Date

Forward the completed and signed form email to admin@oldstrathcona.ca.