

Township of Muskoka Lakes

P.O. Box 129, 1 Bailey Street, Port Carling, Ontario, P0B 1J0

Website: www. muskokalakes.ca

Phone: 705-765-3156 Fax: 705-765-3197

APPEAL AUTHORIZATION FORM

Complete this form if you are authorizing a person to act on your behalf during an Appeal of an Order issued to you by an Officer.

I, the undersigned, hereby authorize:	
to act and appear for me as my agent in tr	ne matter pertaining to the following Order(s):
Order Number:	Order Number:(if multiple Orders)
My authorized agent is hereby delegated t deem appropriate toward a conclusion of t	to deal with all matters related to the above Order(s) as they this matter.
•	or any remediation work to be completed after the Appeal, the ad complete all work lies with the individuals listed on the
Signature of Registered Owner	Date
Name (please print)	_
Signature of Registered Owner (if more than one)	Date
Name (please print)	_

The personal information on this form is collected in accordance with the Municipal Act, 2001 and will be used in the administration of the Appeal of the above Order(s). Questions about this collection can be directed to By-law Division, 1 Bailey Street, Port Carling, ON P0B 1J0, 705-765-3156 ext. 358, bylaw@muskokalakes.ca.

NOTE: This form must be printed, completed, signed, and emailed to bylaw@muskokalakes.ca