

This form is to be used for all requests by Owners, Authorized Agents, and Non-listing Realtors. All other requests must use the Freedom of Information Process.

Property Address: _____

Requestor Information

Please provide your contact information. (Please note the following personal information is collected pursuant to section 26 of the Freedom of Information and the Protection of Privacy Act)

Name of Requestor:	
Address:	Postal Code:
Phone:	Email:

Item Requested

<input type="checkbox"/> Final Occupancy	<input type="checkbox"/> Planning & Land Use Permits	<input type="checkbox"/> Zoning Information	<input type="checkbox"/> Septic Field Plan
<input type="checkbox"/> Bylaw Information	<input type="checkbox"/> Site Survey/ Exterior Elevation	<input type="checkbox"/> Building Plans**	<input type="checkbox"/> Solid Fuel
<input type="checkbox"/> Oil Burning Equipment	<input type="checkbox"/> Other	<input type="checkbox"/> Tree Permits	

****NOTE: Building Plans will only be released to the owner or with written permission from the owner.**

Authorization – Agent/Designated Agent

Date: _____

Please **Check** one of the Following:

- I hereby provide authorization for an agent licensed by the Real Estate Council of British Columbia to review the property file for the above noted property address. (*Owner MUST sign below or listing agreement attached*)

- I hereby provide authorization for: _____
(Designated Agent Name – Please Print - **Owner MUST sign below**)
 to review the property file for the above noted property address.

Signature of Agent: _____

Authorization – Owner

I, _____ solemnly declare that I am the registered owner.
(Owner of Property- Please Print)

Signature of Owner _____

Copyright Acknowledgement (requestor to complete)

I, _____, acknowledge that the requested records and/or
(Requestor Name - Please Print)

requested plans and surveys for the property with civic address _____,

_____ or legal description _____,

may be subject to copyright protection.

I confirm that the records requested are to be used solely for research or private study; that any use of the copy for a purpose other than research or private study may require the authorization of the copyright owner of the work in question; and that I will not use the records for any purpose that would violate the copyright or moral rights of the author of the records, without the consent of the author.

I acknowledge that there is a cost/page for copies that must be paid before copies are released to me.

Signature of Requestor

Date