

Property Owner Authorization Form



Telephone: 905-775-7311

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Open Air Burning By-law 2012-026

	Proper	ty Owr	ier Information	
Last Name:		First Name:		
Phone #:			Email:	
Street #:	reet #: Street Name:			Unit:
Municipality:		Province:		Postal Code:
	Tenant Inform	nation/	Burn Permit Address	
Last Name:			First Name:	
Phone #:			Email:	
Street #:	Street Name:			Unit:
Municipality:		Province:		Postal Code:
Owner of the above Burn Permit pursua information provided By-law. I understand	hereby confirm that as e-mentioned property a nt to Section 4.4 of the d is true and correct a	and giv e Open nd agre Owner	Air Burning By-law 20 see to all the rules and r	on, I am the registered on to apply for an Open Air 012-026. I declare that the regulations set out in the sible for any contraventions
Signature:			Date:	

All personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and the Municipal Act, 2001, and will be used for investigative purposes. Questions regarding this collection may be directed to the Fire and Emergency Services Department, 77 Melbourne Drive, P.O. Box 1226, Bradford, ON L3Z 2B6, telephone 905-775-7311, fax 905-775-0163.