

Condominium Authorization Form

Condominium Information

Condo Corp. Name:	Condo Corp. Number:
Board Member Name:	Board Member Position:
Board Member Phone:	Unit Owner Name:
Unit Leasee Name:	Date:

To Whom it May Concern,

With regards to

unit #, plan #, other

please be advised that I,

full name

Holding the position of

condo board position

☐ am the authorized agent of the condominium board for the property described above

Do hereby authorize

and leasee

(If applicable)

to apply for any and all

permit type

for the above mentioned property.

I further agree to immediately notify the City of Lloydminster, in writing, of any changes regarding the above information.

Period of Authorization:

effective date (mm/dd/yyyy)

expiry date (mm/dd/yyyy)

signature of condo board member

date signed

Collection and Use of Personal Information: The personal information being collected on this form is for the purposes of processing and acting upon this application in accordance with the Municipal Government Act and is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act (FOIP). The City will not share your personal information for purposes outside of those stated without your permission in writing, unless there is a specific exemption stated in the Municipal Government Act.