



Temiskaming Municipal Services Association
BUILDING DEPARTMENT
35-A 10th St. Box 51 Earleton, On P0J1E0
705-563-2426

Letter of Authorization

I, _____ hereby give authorization to

_____, as the agent/contractor for the below mentioned
project.

Project: _____

Conditions: _____

Owner: _____

Date _____

Agent/Contractor: _____

Date _____