



Strathmore

Authorization to Speak on Someone's Behalf

I authorize the following person to speak on my behalf: (please print)

Contact Information	
Name:	Address:
Phone:	Email:

Agenda Information	
Agenda Topic:	
<input type="checkbox"/> Public Comments	<input type="checkbox"/> Public Hearing
Meeting Date:	

Public Hearing	
<input type="checkbox"/> In Support	<input type="checkbox"/> In Opposition

My information is: (please print)	
Name:	Address:
Phone:	Email:

Signature

Date

FOIP Disclaimer: Personal information required within the Town of Strathmore application forms are collected under the authority of Sections 33(a) and (c) of the *Freedom of Information and Protection of Privacy (FOIP) Act*. This personal information will be used to process your request. Should you have any questions related to the collection or disclosure of your personal information, please contact the Legislative Services division for the Town of Strathmore at 403.934.3133.