



Temiskaming Municipal Services Association  
BUILDING DEPARTMENT  
35-A 10<sup>th</sup> 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 \_\_\_\_\_