11 Principale Sud Street
Sutton (QC) J0J 2K0
Tel.: 450 538-2290, ext. 1
Fax: 450 538-0930
urbanisme@sutton.ca

POWER OF ATTORNEY

In the case of a property held by multiple owners, all owners must sign this power of attorney.

I, the undersigned, _____

(name of owner in capital letters)

Phone : _____ Email : _____

I, the undersigned, _____

(name of co-owner in capital letters)

Phone : _____ Email : _____

Authorize the bearer of this power of attorney _____

(name of bearer in capital letters)

to act on my behalf with the *Urban and Land-Use Planning Department* of the Town of Sutton, in order to carry out the following steps regarding my property located at:

_____

(address in capital letters)

- ☐ Submit an application for a permit or certificate of authorization.
- ☐ Provide the necessary information for the file review.
- ☐ Receive official communications related to this process.
- ☐ Sign any documents required as part of this application.
- ☐ Collect the permit or certificate of authorization.
- ☐ Other (specify): _____

Executed at: _____ this _____

(location) *(date)*

_____ _____

Owner's Signature Co-owner's Signature