

Routine Disclosure Request Form

Please Note

The Town of Whitchurch-Stouffville disclaims the accuracy of the contents of the records provided. It is recommended that you contact the Engineer(s), Architect(s), Surveyor(s), and/or Designer(s) noted on the drawings to confirm accuracy. Please note that the drawings are subject to the provisions of the *Copyright Act*. All fees paid for requests are non-refundable, <u>refunds are NOT provided if no records are found</u>

Applicant/Propert	y Owner informa	ation					
First Name				Last Name			
Street Number Street Name				Suite/Unit Number		/Unit Number	
City/Town		F	Province		Posta	Postal Code	
Work Telephone Number		Mobile Telephone Number		Email			
					•		
Property Address Information							
Street Number Street Name						Suite/Unit	
Please provide a detailed description of the information you are requesting:							
Applicant Declaration							
I do hereby declare that I am the:							
The owner of the property as described above							
A director of the management company responsible for the building on behalf of a property owner							
A person who has written consent of a property owner or the management company of a building							
		-	•		igement	company or a banding	
Please attach writter	n consent with the	e complet	еа арр	olication form			
Signature:						Date:	