PRIVATE MANAGED FOREST LAND COUNCIL

AUTHORIZATION TO ACT
AS MANAGED FOREST AGENT

RE:

Address
Legal Description

As an owner of the above identified property, I authorize _____
to act as agent with regards to the Management Commitment submitted for the property.

Must be signed by all property owners.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Signature Registered Owner(s)	Printed Name(s)	Date

Confidentiality of information contained within this form and information gathered by the Private Managed Forest Land Council is governed by the Freedom of Information and Protection of Privacy Act.

PO Box 31059, 314-3980 Shelbourne St, Victoria, BC V8N 6J1
Ph: 250-386-5737 Fax: 250-721-3392
Email: execdirec@pmflc.ca Web: www.pmflc.ca