5 St. Anne Street
St. Albert, AB T8N 3Z9
Email: hearings@stalbert.ca

CITY OF ST. ALBERT
AGENT DECLARATION FORM

(PLEASE PRINT)

Email completed & signed form to hearings@stalbert.ca

Date: _____

I, _____
(name of represented Individual and/or Landowner)

of _____
(city)

_____
(email address)

do hereby authorize _____
(name of individual (Agent) authorized to speak)

to speak on my behalf *(check one)* **_____ IN FAVOUR OF or _____ IN OPPOSITION TO**

Bylaw _____ at the _____ Public Hearing.
(bylaw # and Title of bylaw) ***(date of Public Hearing)***

_____
(signature of represented Individual and/or Landowner)

_____
(signature of individual (Agent) authorized to speak)

Collection and Use of Personal Information
This personal information is being collected under the authority of the Access to Information Act and will be used to verify your authorization of an agent. Your name may be recorded in the minutes of the Public Hearing, or otherwise be made public, subject to the provisions of the Access to Information Act. If you have any questions about the collection, contact Legislative Services at hearings@stalbert.ca .