



Authorization to Act as Agent

I,Applicant), hereby give my consent for the following person application and administrative deposit on my behalf for the '	, ,
(Applicant Phone number)	_
Name of Individual Being Authorized to Act as AGENT (Prin	 t Full Name)
(Agent Phone number)	
Signature of Applicant Consenting to AGENT Representation	n (Date YYYY/MM/DD)
Once signed, this authorization remains in place for the duration of the specified land lottery process only. If you wish to revoke this authorization prior to the completion of the specified land lottery, you must do so in writing to the Land Management Branch. Note that any individual acting as an agent may not enter the lottery.	
	For office use:
	Photo ID reviewed and verified: