



VILLE DE GRACEFIELD
351, Route 105 C.P. 329
Gracefield (Québec) J0X 1W0
Téléphone : (819) 463-3458
Télécopieur : (819) 463-4236
www.gracefield.ca

Power of Attorney

Roll number _____

I, _____, residing at
(Name of owner)

_____, _____, _____
(Civic number, street, apartment) (City, town) (Postal code)

authorize _____ residing at
(Name of representative)

_____, _____, _____
(Civic number, street, apartment) (City, town) (Postal code)

to sign on my behalf all documents pertinent to a request for permit for

_____ for my property located at:
(Type of work to be done)

_____, Gracefield, QC
(Civic number, street)

Signed at _____, on the _____ day of _____ 20____
(City) (day) (month) (year)

X _____