

## **Port Hope Area Initiative**

25 Henderson Street, Port Hope ON L1A 0C6 Tel: 905.885.0291 • Fax: 905.885.9344

## Permission to Release Information – Complete Standard Appraisal

## **Section 1 - Owner and Property Information**

Prop	perty Address						
Street Number and Name					Postal Code	Civic Address (911 Address)	
Lot Number Sub		Sub Lot Part	Sub Lot Part		Municipality	Ward	
Building Size/Rental Unit Size (Sq. Ft.)					Lot Size	Tax Assessment Roll Number	
Prop	perty Owner(s)*	– All individua	ıls who ha	ve a legal intere	est in the property		
1	Last Name		First Name and Initial		Mailing Address	Mailing Address	
Phone (Home)		Phone (Cell)			Email Address		
2	Last Name		First Name and Initial		Mailing Address	Mailing Address	
	Phone (Home)		Phone (Cell)		Email Address	Email Address	
3	Last Name		First Name and Initial		Mailing Address	Mailing Address	
	Phone (Home)		Phone (Cell		Email Address		
**Co	ore space is required, on tact information for a horized Contact -	II property owner	s is a require	ement of filing the cl	aim.		
4	Last Name		First Name		Mailing Address		
	Phone (Home)		Phone (Cell		Email Address		
	Relationship		Firm		☐ Authorization docur	nent attached	



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OFFICIAL USE ONLY

I/We give permission to the PHAI to arr subsequently contact me/us to arrange	range an on-site inspection of the above mentioned their visit.	property by a qualified appraiser who will
Print Name	Signature	 Date
Print Name	Signature	Date
Personal information collected on this tion Program.	form is protected under the federal Privacy Act and	will be used for the Property Value Protec-
Please contact the PHAI or the Coordin (www.aecl.ca); in the event you would	ator, Access to Information and Privacy at CNL like access your personal information.	