

Name of Developer/Owner:

Company Name:

Street Address:

City, Province:

Postal Code:

Phone No.:

Email:

Date

City of Vaughan
2141 Major Makenzie
Dr. Vaughan, Ontario
L6A 1T1

RE: Letter of Authorization for Discharge Approval for

I the undersigned assigned _____ as my agent/authorized representative who will be undertaking the following activities as it pertains to the discharge approval with the above noted site:

Prepare and submit application to secure discharge approval

Undertake compliance reporting (quality and quantity) upon issuance of the approval

Being in care and control of the dewatering system on site or a part of the setup

We the undersigned will notify the City should the Authorized Representative cease to work on our behalf.

Yours truly,

Signature

Name:

Title: