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FORM 2 APPOINTMENT OF AGENT

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Municipal Board File #:

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Party appointing agent:		
Name: Mailing Address: Phone #:	Fax #:	e-mail address: (optional)
Agent appointed:		
Name: Firm or Agency: Mailing Address: Phone #:	Fax #:	e-mail address: (optional)
Property under Appeal:		
Address or Legal Description:	Roll #: Municipality:	
Annointment		
Appointment:		
The undersigned appoints the above stated property at The Muni	icipal Board of Man	to be our agent to the Appeal regarding itoba.
Date	Authorizin	g Party