

Rent Status Report Authorization

**Residential Tenancies Branch
1700-155 Carlton Street, Winnipeg MB R3C 3H8**

Re: _____
(Property Address)

I (We), _____
Registered owner(s) of the above property (please print)

hereby authorize _____
(please print name)

to obtain any and all information from the Residential Tenancies Branch under *The Residential Tenancies Act*, with respect to the above property.

Dated this _____ day of _____, 20 _____.

Signature(s)

If the owner is not a company, please print exact name(s) as appearing on the title.

Name of Registered Owner (please print)	Signature
Name of Registered Owner (please print)	Signature
Name of Registered Owner (please print)	Signature

OR:

If owner is a company, we require the signature of one of the following: President, Director or Treasurer, as registered with the Companies Office.

Name and Title (please print)	Signature
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NOTICE RE COLLECTION OF PERSONAL INFORMATION

The personal information collected on this form is necessary for the administration of *The Residential Tenancies Act*. This information is protected by the privacy provisions of *The Freedom of Information and Protection of Privacy Act* ("FIPPA"). It may be used and disclosed only in accordance with FIPPA. If you have questions about the collection and use of this information, call the Residential Tenancies Branch at 204-945-2476 or toll-free 1-800-782-8403.

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