

Neighbour Authorization

Keeping of Egg Laying Hens

Applicant Information						
Applicant is:						
Last name:	First name:		Com	Company:		
Street address:				Unit number:	Lot/con:	
Municipality:	Postal code: Province: e-			-mail:		
Telephone number: ()	Fax ()		Cell number ()			
Abutting Neighbour Information						
Neighbour is: Owner	☐ Tenant*					
Last name:	First name:			Company:		
Street address:				Unit number:	Lot/con:	
Municipality:	Postal code:	Province: e-mail:				
Telephone number: ()	Fax ()			Cell number ()		
*If property is a rental, both Tenant and Property Owner must grant permission						
Declaration of Neighbour						
Icertify that:						
(print name)						
I am the abutting Property Owner/Tenant of the applicant, and I grant permission to the applicant to keep egg laying hens in their yard.						
Date	Signature of Neighbour					