

## Registered Owner Authorization

## **Open Burning Permit**

1 Burning Information				
Address of fire location				
Registered owner's name			Registered owner's phone	Registered owner's email
Registered owner's address				
Applicant's name				
2	Property Owner(s) Acknowledgements  I confirm that I am the owner of the subject property and that the information entered above is correct.			
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	I confirm that I have read and understood the Burn Permit Regulations, Requirements, and Prohibitions, especially noting the use of fire			
	extinguishing equipment at the burn site.			
	I also acknowledge that there is a requirement to call the Open Burning Hotline at 1-855-262-2876 to check if burning is allowed on the day the burn is planned.			
	I also confirm I am aware of and understand the P	rovincial <u>Open Burning Smc</u>	oke Control Regulation that came	e into effect on September 15, 2019.
3 Property Owner(s) Signature				
I/We the registered owner(s) of this property give authorization for the applicant noted above to apply for and purchase an Open Burning Permit for the purposes of burning materials that are indigenous to the property. All other conditions of the District of Lake Country Open Burning Bylaw 612, 2007 will be complied with upon completion of the Outdoor Burning Permit.				
Registered owner's signature		Print name		Date (mm/dd/yyyy)
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Privacy Note: Personal information provided to the District of Lake Country is collected, used and disclosed in accordance with the Freedom of Information and Protection of Privacy Act (FOIPPA). Personal information is defined as recorded information about an identifiable individual, including name, phone number, or email address, and is obtained if supplied voluntarily through completing an application for a District program or service. Any personal information we ask you to provide will only be used for that purpose. Questions may be directed to the Freedom of Information Head for the District of Lake Country.