



Please print clearly

A Letter of Authority must be submitted if an applicant intends to have any person or agent act on their behalf or to represent them.

1. Provide Applicant Information

Name _____ File # _____

Application Type: _____

2. Provide Authorized Representative Information

Name _____ Phone # _____

Fax # _____

Email Address _____

3. Authorization by Applicant

I hereby give my authorization for the authorized representative noted above to communicate with Service Nova Scotia and Municipal Relations concerning my application.

Signature _____ Date _____

Mail to: **Service Nova Scotia
Refund/Rebate Section
PO Box 1529,
Halifax, Nova Scotia
B3J 2Y4**

Fax to: **(902) 424-0602**