

AGENT/REPRESENTATIVE'S SIGNATURE

CLIENT/AGENT AUTHORIZATION FORM

	DATE:		
l,			
,	CLIENT NAME		
Address:			
Street Name and Number	City	Province	Postal Code
Authorize:			
	AGENT/REPRESEI	NTATIVE FULL NAME	
Agency/Relationship:			
To act on my behalf, in the	matter of:		
	PON(S) & CHARGE(S)		
Court Appearance date:			

Prosecution Division

CLIENT/DEFENDANT'S SIGNATURE

59 Carden Street, Guelph, Ontario N1H 2Z9
Tel: 519-826-0762 ext. 2920
Fax: 519-826-0284 Email: prosecutions@guelph.ca