

Letter of Authority Authorization Form

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 App	licant Information
Name	Phone #
	Fax #
2. Provide Authorized Representative Information	
Name	File #
	Application Type
	Email Address
3. Authorizatio	n by Applicant
I hereby give my concerning my a	v authorization for the authorized representative noted above to communicate with Service Nova Scotia application.
Signature	Date
-	
Mail to:	Service Nova Scotia
	First Time Home Buyers Rebate

PO Box 502

(902) 424-0602

2R7

Fax to:

Email to:

Halifax, Nova Scotia B3J

nsfirsthome@novascotia.ca

(Scanned copy must include signature)