

RECOMMENDED FORM

CONSENT TO RELEASE INFORMATION BY A MUNICIPALITY CONCERNING AN IMMOVABLE

1 IDENTIFICATION OF THE IMMOVABLE

NUMBER STREET APARTME	NT CITY PROVINCE	POSTAL COL
Cadastral designation: LOT NUMBER	NAME OF OFFICIAL CADASTRE	
Identification of owner(s):		
Owner 1:	Owner 2:	
Québec Enterprise Number (NEQ):	Québec Enterprise Number (NEQ):	
Authorized representative:	Authorized representative:	
Telephone (home):	Telephone (home):	
Telephone (other):	Telephone (other):	
Fax:	Fax:	
Email:	Email:	
2. AUTHORIZATION		
	, concerning the immovable identified above, the undersigned authorize(s)	
	NAME OF CITY, MRC, MUNICIPALITY OR VILLAGE	
As part of carrying out brokerage contract BC	NAME OF CITY, MRC, MUNICIPALITY OR VILLAGE	
As part of carrying out brokerage contract BC	NAME OF CITY, MRC, MUNICIPALITY OR VILLAGE	
As part of carrying out brokerage contract BC to release the information or documents listed below to or its representative. Address of establishment: Telephone (office):	NAME OF CITY, MRC, MUNICIPALITY OR VILLAGE NAME OF AGENCY OR BROKER ACTING ON HIS OWN ACCOUNT	
As part of carrying out brokerage contract BC to release the information or documents listed below to or its representative. Address of establishment: Telephone (office): Fax:	NAME OF CITY, MRC, MUNICIPALITY OR VILLAGE NAME OF AGENCY OR BROKER ACTING ON HIS OWN ACCOUNT Telephone (other):	
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SIGNATURE OF OWNER 1 OR AUTHORIZED REPRESENTATIVE

SIGNATURE OF OWNER 2 OR AUTHORIZED REPRESENTATIVE

DATE

DATE