

**CLIENT/AGENT AUTHORIZATION FORM**

DATE: \_\_\_\_\_

I, \_\_\_\_\_  
CLIENT NAME

Address: \_\_\_\_\_  
Street Name and Number                      City                      Province                      Postal Code

Authorize: \_\_\_\_\_  
AGENT/REPRESENTATIVE FULL NAME

Agency/Relationship: \_\_\_\_\_

To act on my behalf, in the matter of:  
\_\_\_\_\_  
\_\_\_\_\_  
PON(S) & CHARGE(S)

Court Appearance date: \_\_\_\_\_

\_\_\_\_\_  
CLIENT/DEFENDANT'S SIGNATURE

\_\_\_\_\_  
AGENT/REPRESENTATIVE'S SIGNATURE