

## **Client/Agent Authorization Form**

Date				
1				
l,		Client Name		
Address				
Audress	Street Name and Number	City	Province	Postal Code
Authorize				
Agent/Representative Full Name				
Agency/Relationship				
To act on my behalf, in the matter(s) of:				
PON and/or Charges				
Court Ann	earance Date			
Court App				
Client/Defendant Signature Agent/Representative Signature				