



HOMEOWNER/LANDLORD AUTHORIZATION FORM

PROPERTY OWNER CONTACT INFORMATION	
Full Name	
Phone	
Email Address	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I am the rightful owner of property: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that by authorizing the renter of said property, I agree to allow community volunteers to access my property for the purpose of snow removal and I hold harmless and indemnify the Town of Blackfalds from any and all liability for injury, death, property damage, property loss or any other loss or expense to any party.

Name of Property Owner (please print)

Signature of Property Owner

Date

Personal information collected through this online form will be used to facilitate contact and placement of volunteers for the Snow Angel Program and/or the Neighbourhood Snow Angel Program. This information is collected under Section 4(c) of the Protection of Privacy Act and will be protected under Part 1 of the Act. If you have questions or concerns regarding the collection and use of this information, please contact the Information Governance Coordinator at access@blackfalds.com or by phone at 403.885.6370.