

Info-UCN

Proxy Authorization Form

The person or company that accepts to be designated as proxy (also known as your representative) is authorized to act on your behalf in situations provided for in this proxy. Each section below must be completed.

1. Who is the principal for this proxy?

- a) First and last name: _____
- b) Title: _____
- c) Email: _____
- d) Phone: _____
- e) Municipality: _____

2. Whom do you wish to appoint to act on your behalf?

- a) First and last name: _____
- b) Title: _____
- c) Email: _____
- d) Phone: _____
- e) Company: _____

If you wish to appoint more than one proxy, please complete a new form for each proxy.

3. Powers held by proxy:

The proxy's temporary access shall be subject to the confidentiality provision found in Info-UCN's User Protocol and must be signed by the proxy and included with Info-UCN's Access Request Form. [Info-UCN's Access Request Form](#)

4. Please specify the duration of the proxy (e.g., 6 months or a specific date), as well as what projects fall under the proxy.

Signature of Principal

Signed on:

Signature of Proxy

Signed on: