



Landowner Statement

Owner Names		Date	
is/are the registered owner(s) of the parcel(s) of land at:			
Farm Name			
Mailing Address		Farm Address	
City/Town/Village	Postal Code	City/Town/Village	Postal Code
Home Telephone Number	Work Telephone Number	Email Address	

Assessment Roll Number (s)

I hereby give _____, my/our _____ (relation to owner)
permission to apply for Food Safety Program Funding on my/our behalf.

We give permission for any cheques for our farm to be paid out to _____.

If this is not the same name as the owner above, please provide supporting documentation in one of the following forms showing the relationship between the owner and payee:

☐ Corporate Registry, ☐ Lease Agreement, ☐ Incorporation document

PLEASE PRINT YOUR NAME	FARM OWNER SIGNATURE(S)	DATE
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