



Telephone: 250 356-8904
Toll-free: 1 888 355-2700

Submit completed form to your local municipality or government agent office.

Please type or print clearly.

Freedom of Information and Protection of Privacy Act (FOIPPA)

The personal information on this form is collected for the purpose of administering the *Home Owner Grant Act* under the authority of both this Act and section 26 of the *FOIPPA*. Questions about the collection or use of this information can be directed to the Information and Privacy Analyst, FOI Section, PO Box 9432 Stn Prov Govt, Victoria, BC V8W 9N6. (Telephone: Victoria at 250 953-3671, Vancouver at 604 660-2421 or toll-free at 1 800 663-7867 and ask to be re-directed.) **Email: FOI.QRYS@gov.bc.ca**

The information provided on this form may be shared for the purposes of administering the *Land Tax Deferment Act*, *Property Transfer Tax Act* and *Taxation (Rural Area) Act*.

YYYY / MM / DD

This General Power of Attorney is given on:

I appoint the following person:

Name of Attorney: _____

Address of Attorney: _____

to be my attorney in accordance with the *Power of Attorney Act* and to do on my behalf anything that I can lawfully do by an attorney.

(The following paragraph may be included if the donor wishes the authority granted by this Power of Attorney to continue despite any subsequent mental infirmity on the donor's part:)

In accordance with the *Power of Attorney Act*, I declare that this Power of Attorney may be exercised during any subsequent mental infirmity on my part.

This Power of Attorney is subject to the following conditions and restrictions:
(*Cross this line out if there are no conditions or restrictions*)

DONOR:		WITNESSED BY:	
SIGNATURE OF DONOR		SIGNATURE OF WITNESS	
X		X	
PRINT (OR TYPE) NAME OF DONOR		PRINT (OR TYPE) NAME OF WITNESS	
ADDRESS OF DONOR		ADDRESS OF WITNESS	
	POSTAL CODE		POSTAL CODE