

Request for Review of a Regional Plan

Part 5: Representative Information (if applicable)

I hereby authorize the named company and/or individual(s) to represent me:

First Name: Mark Last Name: Gustafson

Company Name: Janes Freedman Kyle Law Corporation


Professional Title: Lawyer

Email Address: mgustafson@jfkllaw.ca Fax #: 250-381-8567
By providing an email address, you agree to receive communications from the Land Use Secretariat by email.

Daytime Telephone #: 250-405-3570 Alternate Telephone #: 250-580-2767

Mailing Address: 816-1175 Douglas St Victoria
Apt/Suite/Unit# Street Address City/Town

BC V8W 2E1
Province Country (if not Canada) Postal Code

Signature of Applicant:  Date: Oct 23, 2013

Please note: If you are representing the applicant and are NOT a solicitor, please confirm that you have written authorization to act on behalf of the applicant. Please confirm this by checking the box below.



I certify that I have written authorization from the applicant to act as a representative with respect to this application on his or her behalf and I understand that I may be asked to produce this authorization at any time.