



Alex Ruff, MSC, CD, MP
Bruce-Grey-Owen Sound

Authorization Form

I authorize Alex Ruff, M.P. for Bruce-Grey-Owen Sound, or his representative, to inquire on my behalf with issues regarding ‘_____.’

Constituent’s Name: _____

Address: _____

Date of Birth: _____

Telephone: _____

Email Address: _____

Please check if you would like to be added to our electronic mailing list

Signature: _____

Date: _____

Additional Authorization:

Name and authorization Signature of Parent or Legal Guardian if constituent is under the age of 18.

Name of Parent or Legal Guardian	Signature	Date:

Designated Individual

I, _____ Constituent Name _____ the undersigned, do hereby authorize M.P. Alex Ruff and his designated staff to communicate personal information on my behalf and to act on information received from the authorized person, named below.

Designated Individual’s _____ Phone _____

Name: _____ Number: _____

Constituent’s Signature: _____

Signature of Person whom the case is referred to: _____

Comments: