



Alex Ruff, MSC, CD, MP  
Bruce-Grey-Owen Sound  
**Authorization Form**

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Reference #: \_\_\_\_\_

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: \_\_\_\_\_

Town, Prov, Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address:

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

Signature:

Date:

Description of Issue: