MACDONALD REALTY
SALT SPRING ISLAND

DATE:
To: **Capital Regional District**
HEALTH DEPARTMENT
Ph: **1.800.370.8699**
Fx: **250.519.3402**

I hereby authorize the release of all records and information on the property described below to:

_____

Address: _____
Legal: _____

Thank you for your attention to this matter.

Sincerely,

_____
(Signature)

_____
(Print Name)

_____
(Signature)

_____
(Print Name)