

Township of Malahide  
Garbage Bag Tags  
Authorization Form by Property Owner

Roll Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

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

I, \_\_\_\_\_, the owner of the above-noted property,  
authorize \_\_\_\_\_ to collect the annual bag tag  
allocation on my behalf.

\_\_\_\_\_

\_\_\_\_\_

Signature of Property Owner

Date

Agent Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

Please Note:

ID is required with this form.