



## **Land Lottery Application – Agent Authorization Form**

I / We, \_\_\_\_\_ (Print Full Name(s) of  
Applicant(s)), hereby authorize \_\_\_\_\_ (Print  
Full Name of Agent) to act as my/our agent and to submit my/our Land Lottery Application and  
Administrative Deposit on my/our behalf for the Whistle Bend Phase 9 Lottery (2025-Y02).

### **The contact information for our agent is:**

**Full Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Preferred Method of Contact:** \_\_\_\_\_

\_\_\_\_\_  
(Applicant 1 Signature)

\_\_\_\_\_  
(Applicant 2 Signature, if applicable)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

Once signed, this authorization shall remain valid solely for the duration of the specified land lottery process. Should you wish to revoke this authorization prior to the conclusion of the specified land lottery, written notice must be submitted to the Land Management Branch. **Please note that any individual acting as an authorized agent is not permitted to participate in the specified land lottery.**

### **For Office Use:**

Photo ID Reviewed and Verified ☐

Reviewing Staff Initials: \_\_\_\_\_