



Residential Tenancies Office  
PO Box 2703 (C-7), Whitehorse, Yukon  
Y1A 2C6



## Authorization to Act as AGENT

I, \_\_\_\_\_ (Print Full Name),  
hereby give my consent for the Residential Tenancies Office to release any and all information  
related to my file to my agent and authorize the following individual to act as my agent for all  
matters, including decision-making, related to the file specified in this authorization.

---

Name of Individual Being Authorized to Act as AGENT (Print Full Name)

---

(Contact Information)

The individual named above has authorization to receive information located in my file, to  
receive documents from the Residential Tenancies Office on my behalf, and to represent me  
in all areas, including decision-making, in regards to the following dispute:

File # \_\_\_\_\_

Applicant name(s) \_\_\_\_\_

Respondent name(s) \_\_\_\_\_

---

Signature of Party Consenting to AGENT Representation

(Date YYYY/MM/D)

Once signed, this authorization remains in place indefinitely in relation to this file. If you wish  
to revoke this authorization, you must do so in writing to the Residential Tenancies Office.