



Downtown Windsor Business Improvement Association (“DWBIA”) Corporate Member’s Authorized Representative Form

WHAT THIS FORM IS FOR

- When completed, this Form tells us who is authorized to vote on behalf of a DWBIA corporate member for the selection of DWBIA directors as follows:
 - Date:** Tuesday, November 29, 2022 / **Time:** 10:00 am to 4:00 pm
 - Where:** The Hive, 531 Pelissier St., Unit 2

INSTRUCTIONS

- COMPLETE.** Provide the information indicated in the below boxes entitled: “Information About the Corporation” and “Information About the Authorized Representative.”
- SIGNATURES.** Corporation and Authorized Representative to sign and date the form where indicated.
- SUBMIT.** Authorized Representative to submit the form when arrives to vote.
- SHOW ID.** Authorized Representative to show government issued picture identification to verify identity.

INFORMATION ABOUT THE CORPORATE DWBIA MEMBER

Please fill in the information below			
6.	Legal name of Corporation:		
7.	Does the Corporation meet the definition of a DWBIA member as set out in section 204(4) of the Ontario <i>Municipal Act, 2001</i> : “persons who are assessed, on the last returned assessment roll, with respect to rateable property in the area that is in a prescribed business property class and tenants of such property.”	Yes - the corporation meets the definition of a member	No - the corporation does not meet the definition of a member
8.	Street address of the qualifying property within the DWBIA.		

INFORMATION ABOUT THE AUTHORIZED REPRESENTATIVE

Please fill in the information below about the individual authorized to vote on behalf of the corporation				
9.	Legal name of Authorized Representative:	First:	Middle Int.:	Last:
10.	Telephone number where can be reached:			
11.	Email address where can be contacted:			

SIGNATURE AND CERTIFICATION

By signing this Form, I certify that all information I have included is true and complete in every respect.	
Date:	Signature of Corporate Member:
	Print Name:

By signing this Form, I certify that all information I have included is true and complete in every respect.	
Date:	Signature of Authorized Representative:
	Print Name:

Note: Personal information collected in this form may be used and disclosed to: verify identity; any reasonable follow-up stemming from the meeting; and any other purpose required or permitted by law.

IDENTITY VERIFICATION

By my signature, I confirm that I viewed government issued picture ID of the subject authorized representative and the name matches the name filled in above and am satisfied as to the identity of the authorized representative	
Date:	Signature:
DWBIA REPRESENTATIVE – Print name: _____	