



OFFICE OF THE ROADS
SUPERVISOR

DISTRICT OF PARRY SOUND

56 ONTARIO STREET
PO BOX 533
BURK'S FALLS, ON
POA 1C0

(705) 382-3332

(705) 382-5982

Fax: (705) 382-2068

Email: roads@armourtownship.ca

Website: www.armourtownship.ca

Date: _____

Property Owner: _____

Address: _____

RE: Property Access Permission

We have requested access to the property located at _____
for the purposes of _____. By signing below, the Township
of Armour is permitted access to your property for the above specified purposes, subject to the
following conditions:

1. Such access will be restricted to _____ over which
access is being sought of the Property.
2. The right to access the Property will terminate on _____, 20_____.
3. The Township of Armour will restore the accessed area to a reasonable and equitable condition.

Please sign below to agree to the terms.

Yours very truly,

Keith McCoy
Roads Supervisor

Agreed and accepted this _____, 20_____.

Signature of Property Owner(s)