CALGARY CONFEDERATION CONSENT FORM

Name:Address:		
Phone (Work):	Phone (Home):	
Cellular:	Email:	
Contact/Representative or supporting person(s)/organization (if applicable):		
For Immigration Inquiries: Please provid	e all relevant information below:	
Client Number (UCI):		
Application #:		
Full Name of Applicant:		
Date of Birth of Applicant:	(dd / mm/ yy)	
Place of Birth of Applicant:		
Passport Number:		
Country that issued Passport: _		
Consulate Location:		
Date Application Filed:	(dd / mm/ yy)	
Background: (Please provide a <u>brief</u> deso done to resolve it – e.g. other parties tha	cription of the issue – when it started, what's been thave been working on it):	

Desired Outcome/Required Resabout this issue):	solution: (Please let Mr. Webber know what you want him to d
_	reby authorize Len Webber, M.P. for Calgary Confederation, and eceive information on my behalf, concerning this application.
_	
_	ceive information on my behalf, concerning this application.
his staff to inquire about and re	sceive information on my behalf, concerning this application. Signature
nis staff to inquire about and re Please do not type in your name cannot be made.	Signature Name (printed) e in the signature line. Without a proper signature an inquiry email, or fax to the address below. Thank you!
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Please do not type in your name cannot be made. Please return this form by mail, Office Information	Signature