



Local Enhancement & Appreciation of Forests
Improving city life, one tree at a time.

Property Representative Permission Form

(date)

I, _____ being a legal representative of:

(full name of individual)

(full name and address of property)

give permission to LEAF to plant trees/shrubs on the above noted property. I permit staff and/or agents of LEAF to enter the property to plant at their convenience. I understand and accept that LEAF is not responsible for any property damage, injury or expense I or other occupants or guests may incur as a result.

(signature of property representative)

Return by mail: LEAF
Artscape Wychwood Barns
601 Christie St, Suite 253
Toronto, ON
M6G 4C7

or fax: 416.413.1073