



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

# Property Representative Permission Form

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(date)

I, \_\_\_\_\_ being a legal representative of:

(full name of individual)

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(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.

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(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