

Certificate of Consent by a Municipality to the Registration of a Municipal Name

Fax: 416.531.2516

Attention: OpenSRS CA Municipal Domain Team

Please make sure that all of the appropriate details are included

Official Name of Consenting Municipality:

Name of Municipal Representative*:

Title of Municipal Representative:

Telephone Number of Municipal Representative

(Mon.-Fri., 8-4pm):

Domain Name:

Official Name of Applicant Municipality:

I certify that:

1. I am the authorized representative for the municipality identified above;
2. I have knowledge of the facts set out in this certificate and;
3. The consenting municipality has consented to the registration of the domain name by the applicant municipality.

Signature of Municipal Representative:

Date:

* must be the Mayor, a department head, Chief Operating Officer, Chief Administrative Officer or equivalent for the municipality.

Releases/2002/Q3/Certificate of Consent by a Municipality to the Registration of a Municipal Name
