

Township of Woolwich

TDR CREDIT REGISTRY FORM

Date: _____

Name of Property Owner(s): _____

Mailing Address: _____

Phone: _____

Block: _____ Lot: _____

Address of Parcel: _____

of TDR Credits Allocated to Parcel: _____

Number of Allocated Credits Available for Purchase: _____

I certify that I am the owner of the property listed herein (or authorized representative) and I hereby consent to have the TDR Credits associated with my property listed on the Township's TDR Credit Registry.

Signature of property owner(s)
or authorized representative

Print Name: _____

.....

Date received by Township: _____ Received by: _____