



AUTHORIZATION FORM

I, _____, of the city of _____ in the Province of _____, allow all union representatives or Labour Relations Officers of the Union of Taxation Employees, or representatives of the Public Service Alliance of Canada authorized to represent me for my grievance, file number: **XXXXXXXXXX**, to obtain on my behalf, all documents held by the Canada Revenue Agency (CRA), to communicate with all parties concerned and to provide the CRA with all documents held by UTE.

Name (PLEASE PRINT)

Signature

Signed this _____ day, in the month of _____
20XX.