



Authorized Constituency Office Staff Form

I hereby authorize the following members of my staff to use the Problem Resolution (PR) service, or to make enquiries pertaining to the Canada Revenue Agency (CRA) on behalf of the individuals residing within my constituency.

	Name (please print)	Telephone Number	Email and Address (e.g. constituency office, House of Commons or Senate)	Add	Revoke
1				<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>

I agree to inform PR of any changes to the above list of authorized members of my staff.

Parliamentarian's Name (please print)

Parliamentarian's Signature

Telephone Number

Date