

**Power of Attorney - Non Resident Landlord**  
*The Residential Tenancies Act, 2006 [section 83]*

**Form 1**  
Office of Residential Tenancies

**A Landlord Information**

Landlord name (full legal name): \_\_\_\_\_  
Mailing/Service Address: \_\_\_\_\_ Suite No.: \_\_\_\_\_  
City/Town/Village/Hamlet: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**B. Power of Attorney Information** (The person must be an adult resident in Saskatchewan and does not have to be a lawyer.)

Name (full legal name): \_\_\_\_\_  
Mailing/Service Address: \_\_\_\_\_ Suite No.: \_\_\_\_\_  
City/Town/Village/Hamlet: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

I, \_\_\_\_\_, a landlord that either does not reside in Saskatchewan, or have an office in Saskatchewan for the purpose of service, hereby appoint(s) (must be a resident of Saskatchewan) \_\_\_\_\_ as the attorney and representative in Saskatchewan for the purpose of receiving service of notices and applications pursuant to *The Residential Tenancies Act, 2006*. I declare that such services on the attorney are legal and binding upon me.

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date of Landlord Signature

I, \_\_\_\_\_, the above-appointed power of attorney, hereby consent to act as attorney for \_\_\_\_\_.

\_\_\_\_\_  
Power of Attorney Signature

\_\_\_\_\_  
Date of Power Attorney Signature

\* **Once complete, submit this form to the Office of Residential Tenancies by mail, email, fax, or in person.** \*

**Office of Residential Tenancies**

**Regina:** 304 - 1855 Victoria Avenue S4P 3T2

**Saskatoon:** 105 - 122 - 3rd Avenue North S7K 2H6

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Toll Free Fax: 1-888-867-7776; Outside SK fax: 306-787-5574  
Email: [ort@gov.sk.ca](mailto:ort@gov.sk.ca)