



CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

This form serves as consent by the applicant for the Township of Esquimalt to disclose information, including the applicant's personal information, to another individual who the applicant authorizes as their agent in relation to a request for access to records.

I, _____,
Name of Applicant

hereby authorize the Township of Esquimalt to disclose information, including my personal information to

Name of Authorized Agent

This consent remains in effect until after the legislated due date of this request for access to records, the conclusion of a review, complaint or inquiry into the same, or until the consenting applicant withdraws this consent in writing provided to the Township of Esquimalt.

Signature of Applicant: _____

Date: _____

Email or phone number of
Consenting Applicant: _____

Please note that if you are acting on behalf of an applicant and you are unable to obtain consent, or the applicant is incapable of providing consent, you must include proof of your authority to act on behalf of the applicant as set out in Regulation 4 of the *Freedom of Information and Protection of Privacy Act*, or Regulation 2 of the *Personal Information Protection Act*.

Without a completed consent form or other proof of your authority to act on behalf of the applicant, responsive records will be reviewed and any personal information of the applicant will be redacted as per Section 22 disclosure harmful to personal privacy.
