

**Form # 3**  
**Consent to Disclosure of Information**  
**Part XX - Freedom of Information and Protection of Privacy**  
**\* Sections 481 and 485(2)(b)**  
***Municipal Government Act***



---

**TO:** FOIPOP Coordinator  
Halifax Regional Municipality  
Attention: Nancy L. Dempsey  
P. O. Box 1749  
Halifax, NS B3J 3A5 or hand deliver to:  
81 Ilsley Avenue, Unit 9, Burnside

TEL: (902) 490-4390  
FAX: (902) 490-6299

1. This Consent arises out of an Application for Access to Records submitted to the \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_  
(*specify municipality*)  
\_\_\_\_\_, 20 \_\_\_\_\_, for information relating to \_\_\_\_\_

---

a copy of which Application is attached as Schedule "A" to this Consent.

2. I, \_\_\_\_\_ (*specify name of person consenting*), hereby give consent to the \_\_\_\_\_  
\_\_\_\_\_ (*specify name of municipality*) and the responsible officer thereof to disclose to \_\_\_\_\_ (*specify name of applicant*) information listed in Schedule "B" attached to this Consent.  
(*List in Schedule "B" in detail full particulars of information with respect to which consent to disclose is given.*)

Date: \_\_\_\_\_

Signature of Person Consenting: \_\_\_\_\_

Print Full Name of Person Consenting: \_\_\_\_\_

Mailing Address of Person Consenting: \_\_\_\_\_  
*(Street/Apartment No./R.R. No.)*

\_\_\_\_\_  
*(Community)*

\_\_\_\_\_  
*(Postal Code)*

Telephone Numbers of Person Consenting: \_\_\_\_\_  
*(Residence)*

\_\_\_\_\_  
*(Business)*

Fax Number of Person Consenting: \_\_\_\_\_

E-Mail Address of Person Consenting: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Application No.