

Form # 4
Consent to Use Personal Information
Part XX - Freedom of Information and Protection of Privacy
*** Section 485(1)(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. I, _____ (*name of consenting individual*),
of _____ (*address*),
do hereby give consent to the _____
(*name of municipality*) and the responsible officer thereof to:
(a) disclose to _____ (*name of person*
or body), of _____ (*address*), the following
information about me:

(If insufficient space, list additional information on separate page)

and

(b) to use the information for the following purposes: _____

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. _____