

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

TO: Angie Williams, Access & Privacy Coordinator
Halifax Regional Municipality, P. O. Box 1749, Halifax, NS B3J 3A5
or hand deliver to: Duke Tower, 5251 Duke St, 3rd Floor, Halifax, NS
Tel: (902) 490-4234 Fax: (902) 490-4454

1. This Consent arises out of an Application for Access to Records submitted to the _____
_____ (specify municipality) on the _____ day of
_____, 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 detail, in Schedule "B", the 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. _____

Notes: _____



Collection & Use Disclosure Statement

In accordance with Section 485 of the Municipal Government Act, the personal information collected on this form as well as the personal information collected and/or contained within Schedules "A" and "B" will only be used and/or disclosed for the purpose(s) of processing the Access to Information Application, Schedule "A". If you have any questions about the collection and use of this information, please contact HRM's Access & Privacy Officer at (902) 490-4390 or accessandprivacy@halifax.ca.