

Consent to Use Personal Information
Part XX - Freedom of Information and Protection of Privacy
*** Section 485(1)(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

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.: _____

Collection & Use Disclosure Statement

In accordance with Section 485 of the Municipal Government Act, the personal information collected on this form will only be used and/or disclosed for the purpose(s) as described in this Consent to Use Personal Information form. 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.