



## CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

This form is used to provide your consent to the City of Pitt Meadows to disclose your personal information as specified below.

*This information is collected under the authority of sections 26(c) and 33.2(c) of the Freedom of Information and Protection of Privacy Act, and will be used for the administration of the City's Privacy Program. Any questions regarding the collection, use, or disclosure of your personal information can be directed to the Privacy Head at [clerks@pittmeadows.ca](mailto:clerks@pittmeadows.ca), or 604.465.5454.*

I, \_\_\_\_\_(your name), authorize the City of Pitt Meadows to disclose the following information about me to \_\_\_\_\_:

for the purpose of responding to FOI Request # \_\_\_\_\_ regarding:

This consent will remain in place until the conclusion of this FOI Request or until I withdraw my consent in writing by sending an email to [clerks@pittmeadows.ca](mailto:clerks@pittmeadows.ca).

\_\_\_\_\_  
*Signature*

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

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Email Address*