



FORM #4 - Consent to Use Personal Information
 Part XX – Freedom of Information and Protection of Privacy Act
 *Clause 26(b)

TO: Heidi Schedler
 FOIPOP Coordinator
 Halifax Water
 450 Cowie Hill Road
 PO Box 8388, RPO CSC
 Halifax NS B3K 5M1

(Telephone) 902-490-6101
 (Fax) 902-490-6939

1. I, _____(specify name of consenting individual), of _____(address), do hereby give consent to _____(Halifax Water) 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

(a) to use the information for the following purposes:

FORM #4 - Consent to Use Personal Information
Part XX – Freedom of Information and Protection of Privacy Act
*Clause 26(b)
Page 2

Date: _____

Signature of Person Consenting: _____

Print Full Name of Person Consenting: _____

Mailing Address of Person Consenting: _____

(Street/Apartment No./R.R. No.)

(Community and Province)

(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 if necessary, for the purpose of processing this Access to Information Application. If you have any questions about the collection and use of this information, please contact Halifax Water's Privacy Officer at 902-490-6101 or privacy@halifaxwater.ca