



FORM #3 - Consent to Disclose Information

Part XX – Municipal Government Act

*Subsection 21(4) & Clause 27(b)

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

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

1. This Consent arises out of an Application for Access to Records submitted to Halifax Water on the ____ day of _____, 20____, for information relating to _____

a copy of which is attached as Schedule “A” to this Consent.

2. I, _____(specify name of person consenting), hereby give consent to Halifax Water and the responsible officer thereof to disclose to _____(specify name of applicant) information listed in Schedule “B” attached to this Consent. (List in Schedule “B” in detail full 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: _____

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