



**FORM #4 - Consent to Use Personal Information**

Part XX – Municipal Government Act

\*Clause 26(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. 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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 Administrator at 902-490-6101 or [privacy@halifaxwater.ca](mailto:privacy@halifaxwater.ca)