



35 Alice St., P.O. Box 189, Brighton, ON K0K 1H0
Ph. 613-475-0670 Fax 613-475-3453
general@brighton.ca

Consent Form to Disclose Personal Information

The Municipality of Brighton is requesting written authorization by means of this form to disclose your personal information to a third party pursuant to section 32 (a) of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O., 1990. Please note that this consent is valid **until it is revoked in writing.**

I, being the individual to whom the personal information relates,

(Insert Name:) _____, of

(Insert Property/Service Address:) _____

(Insert Roll # and/or Water Account #:) _____

do hereby give permission to an authorized staff person of the Municipality of Brighton to disclose my personal information to the third party listed below.

Signature: _____ Date: _____

Please describe in detail the information to be disclosed to the third party (e.g. address, details of arrears, account number, telephone number):

Third Party Authorized to Receive the Personal Information:

Name of Person/Company/Organization

Address

Telephone Number: _____