



**Consent To Disclose Personal Information**

The Municipality of Clarington 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. Applicable fees may apply. Please complete this authorization form and bring it to the Municipality of Clarington, Taxation Department. Please see below for fax and email.

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

Name \_\_\_\_\_

Property Address \_\_\_\_\_

Tax Roll Number \_\_\_\_\_

do hereby give permission to an authorized staff member of the Municipality of Clarington to disclose my Property Tax Account information to the third party listed below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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

**Third Party Authorized to Receive the Personal Information**

Name/Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*. This information is collected to complete the Consent to Disclose Personal Information Form. Any questions related to the collection of this information should be directed to the Finance/Tax Department.