

The City of Pickering 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 will apply. Please complete this authorization form and bring it to the City of Pickering, Taxation Section, One The Esplanade, Pickering, ON L1V 6K7, Telephone 905.420.4614, Fax 905.420.5313, Email propertytaxes@pickering.ca

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

Name of
Property Address
Tax Roll #

do hereby give permission to an authorized staff person of the City of Pickering to disclose my personal information to the third party listed below:

Signature

Date

Note: Your signature must be witnessed by a Tax staff member in order to be valid. Please bring photo identification.

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

Third Party Authorized to Receive the Personal Information

Name/Organization
Address Telephone #
City Province Postal Code

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 City Clerk, One The Esplanade, Pickering, ON L1V 6K7, 905.420.4611.