



Consent to Disclosure of Personal Information

Note: This form may be used to provide your consent for the City of Chilliwack to disclose information about you to others for the purpose you specify.

I, _____ consent to the disclosure by
the City of Chilliwack of the following information about me: _____

For the purpose of _____

[describe how the local government may use your personal information]

This disclosure may take place (check one):

- (a) once only
- (b) at particular intervals _____
- (c) on a continuous basis

This disclosure may take place (check one):

- (a) within Canada only
- (b) inside or outside Canada _____

This consent is valid until _____ of _____, 20_____,
unless earlier revoked by me in writing.

Signature Date: _____

Print name
