## The Corporation of the Township of Huron-Kinloss

Phone: (519) 395 3735

Email:info@huronkinloss.com

Date:

Fax: (519) 395 4107

P.O. Box 130 21 Queen Street Ripley, Ontario N0G 2R0

\*Separate forms must be completed for each property\*

Signature (I am authorized to bind the corporation):

## Authorization to Release Information Form

		r commercial purpose ie. Lawyer, realtor* by a spouse, family member/friend or to identify staff of a corporation*	
Owner	Name:		
Propert	ty Location		
Propert	ty Roll Nun	ber:	
Utility A	Account Nu	mber:	
For the	above acc	ount(s), I/we authorize (name and relationship)	
Check	yes or no	(name and relationship)	
Yes	No	to discuss my/our account information with Township of Huron-Kinloss	
Yes	No	to discuss my/our account information from the Township of Huron-Kinl	oss
Yes	No	to give direction to the Township of Huron-Kinloss	
Owner	Signature:	Date:	
Owner	Signature:	Date:	
Compa	ny Officer	Name and Position (please print):	

## Please submit in person, mail, fax or scan and email this form to:

Township of Huron-Kinloss, 21 Queen St. PO Box 130, Ripley, ON, N0G 2R0

Fax: (519) 395-4107 Email: info@huronkinloss.com

In accordance with the Municipal Freedom of Information and Privacy Act, personal information is collected under the authority of the Municipal Act, 2001 and will only be used for the purpose of allowing authorization to release property owner information. Questions about the collection of the personal information may be addressed to the Clerk at the Township of Huron-Kinloss, 21 Queen Street, P.O. Box 130, Ripley, ON, NOG 2R0 or (519) 395 3735