

## INFORMATION RELEASE FORM

Civic Address: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

I, \_\_\_\_\_ (Tenants Full Name), authorize the owner of  
\_\_\_\_\_ (Civic Address), access to information regarding my utility  
account with the City of Estevan. I understand, that by agreeing to these terms, I and the City of Estevan  
are in compliance with the Privacy Act of Canada:

### Privacy Act Of Canada (R.S.C., 1985, c. P-21) - Disclosure of personal information

**8. (1) Personal information under the control of a government institution shall not, without the consent of the individual to whom it relates, be disclosed by the institution except in accordance with this section.**

### Tenant Information:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number