

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