



1102 Fourth Street | Estevan, SK, S4A 0W7 | Tel: 306-634-1802

GOVERNMENT INSTITUTION DISCLOSURE REQUEST

Section 28 Local Authority Freedom of Information and Protection of Privacy Act.

APPLICANT INFORMATION	First Name, Last Name	Government Agency	
	Street Address	Phone Number	
	City	Province	Postal Code

The City of Estevan is authorized to disclose personal information to other levels of Government in accordance with Sections 28 (2) (h) and (o) of the Local Authority Freedom of Information and Protection of Privacy.

DETAIL OF REQUEST	Request of personal information pertaining to: (Name of Individual or other identifier)
	General description of information requested: _____ _____

PURPOSE	This information is required by the requesting government institution for the following purpose: (please provide a description of purpose and legislative authority for collection, including both the name of the Act and the applicable sections.) You may attach additional information on a separate sheet.
	_____ _____ _____ _____

I understand that there is a fee for this application and that prior to receiving access to the records that I have applied for, I am also required to pay those fees that may arise as a result of my request.

Applicant Signature

Date

Submit this form to:
City Clerk's Office
City of Estevan
1102 4th Street
Estevan, SK S4A 0W7
cityclerk@estevan.ca

OFFICE USE	I, hereby <input type="checkbox"/> consent <input type="checkbox"/> refuse this disclosure of personal information to the requesting government institution.
	Name and Title of official _____ Signature _____