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## ***Consent to Disclosure of Personal Information***

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

I, \_\_\_\_\_ hereby authorize the City of Chilliwack to disclose my personal information in response to a Freedom of Information (FOI) request, as described below:

**Description of Information to be Disclosed:** [Provide a brief description of the personal information to be disclosed]


**Purpose of Disclosure:** [Explain the purpose for which the information will be disclosed]


**Recipient of the Information:** [Identify the recipient(s) to whom the information will be disclosed]


By signing this consent from, I acknowledge and agree to the following:

1. I understand that the disclosure of my personal information is voluntary and that I have the right to withdraw my consent at any time by notifying the City of Chilliwack in writing.
2. I am aware that once my personal information is disclosed to the recipient(s), the City of Chilliwack will no longer be responsible for its protection.
3. I confirm that I have read and understood this consent form and that all the information provided is accurate to the best of my knowledge.
4. This consent is legally binding and by signing **original signature is required – electronic signature will not be accepted** below, I am providing explicit consent to the disclosure of my personal information as described above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_