

**Consent to Use Personal Information**  
**Part XX - Freedom of Information and Protection of Privacy**  
**\* Section 485(1)(b)**  
***Municipal Government Act***

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**TO: Access & Privacy Office**  
Halifax Regional Municipality, P. O. Box 1749, Halifax, NS B3J 3A5  
or hand deliver to: Duke Tower, 5251 Duke St, 3rd Floor, Halifax, NS  
Tel: (902) 943-2148 Email: [accessandprivacy@halifax.ca](mailto:accessandprivacy@halifax.ca)

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I, \_\_\_\_\_ (*name of consenting individual*), of  
\_\_\_\_\_ (*address*), do hereby give consent to the  
\_\_\_\_\_ (*name of municipality*) and the responsible officer thereof to:

(a) disclose to \_\_\_\_\_ (*name of person or body*), of  
\_\_\_\_\_ (*address*), the following information about me: \_\_\_\_\_

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*(If insufficient space, list additional information on separate page)*

**and**

(b) to use the information for the following purposes: \_\_\_\_\_

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

Signature of Person Consenting: \_\_\_\_\_

Print Full Name of Person Consenting: \_\_\_\_\_

Mailing Address of Person Consenting: \_\_\_\_\_  
(Street/Apartment No./R.R. No.)

\_\_\_\_\_  
(Community)

\_\_\_\_\_  
(Postal Code)

Telephone Numbers of Person Consenting:

\_\_\_\_\_  
(Residence)

\_\_\_\_\_  
(Business)

Fax Number of Person Consenting: \_\_\_\_\_

E-Mail Address of Person Consenting: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Application No.: \_\_\_\_\_

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**Collection & Use Disclosure Statement**

In accordance with Section 485 of the Municipal Government Act, the personal information collected on this form will only be used and/or disclosed for the purpose(s) as described in this Consent to Use Personal Information form. If you have any questions about the collection and use of this information, please contact HRM's Access & Privacy Office at (902) 943-2148 or [accessandprivacy@halifax.ca](mailto:accessandprivacy@halifax.ca).