



TOWN OF VIEW ROYAL

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Consent to Release Information

I, _____, authorize the Town of View Royal
(PRINT NAME)

to release the following information:

This information may be released to:

Name: _____

Address: _____

Email: _____

Telephone: _____

This signed authorization will remain in effect until _____.
(DATE)

DATE

SIGNATURE

ADDRESS

TELEPHONE

EMAIL

This information is collected by the Town of View Royal under Section 26 of the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of administering requests for information. Should you have any questions about the collection of this personal information please contact the FOI Coordinator, 45 View Royal Avenue, 250-479-6800, info@viewroyal.ca.