



TOWN OF VIEW ROYAL
45 VIEW ROYAL AVENUE
VICTORIA, BC V9B 1A6
250.479.6800
foi@viewroyal.ca

CONSENT TO DISCLOSURE OF INFORMATION

NAME OF PERSON GIVING CONSENT			
ADDRESS	CITY/TOWN	PROVINCE	POSTAL CODE
PHONE			
EMAIL			

I consent to the disclosure of information identified below that is currently in the custody and control of the Town of View Royal:

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This information may be released to:

INDIVIDUAL NAME	AGENCY NAME(if applicable)		
ADDRESS	CITY/TOWN	PROVINCE	POSTAL CODE
PHONE			
EMAIL			

This consent is effective on the date it is signed and will remain valid until I request that it be cancelled.

SIGNATURE OF PERSON GIVING CONSENT	DATE (YYYY MM DD)
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