

TOWNSHIP OF EAST ZORRA-TAVISTOCK

CONSENT TO RELEASE OF PERSONAL INFORMATION

Freedom of Information (FOI) Release Municipal Elections Act, 1996

Name of Candidate: _____

Candidate for the Office of:

- Mayor
- Deputy Mayor
- Councillor

I acknowledge that the Nomination Form (Form 1) filed by me contains personal information and I am aware that the Clerk will disclose all or part of it to the general public. In accordance with the Municipal Freedom of Information and Protection of Privacy Act, as amended, I hereby authorize the Clerk to include on the Township of East Zorra-Tavistock's Election website and make available to any person the following information with respect to my candidacy for elected office:

Address: _____

Telephone Numbers

(include only numbers that you would like made public)

Home: _____

Business: _____

E-mail address: _____

(date)

(Signature of candidate)

Personal information on this form is collected under the authority of the Municipal Elections Act, 1996, and will be used for authorizing candidate information to be placed on the Township of East Zorra-Tavistock's website or made available to any person for the municipal or school board election. Questions about this collection of personal information should be directed to the Clerk.