

Authorization For The City Of Fort St. John To Release

I authorize you to release any and all information concerning a Fire Incident Report, Motor Vehicle Accident Incident Report, or Medical Assistance Incident Report including photographs (if applicable) at their request to: _____

Address and Contact Information for the above noted: _____

Client's Name: _____

Client's Address: _____

Client's Phone Number: _____

Date of Incident: _____

Incident Location: _____

This authorization will remain effective from the date of signature until _____

I understand that the information will be handled by the City in compliance with all applicable privacy laws. I understand that I may revoke the authorization at any time by written, dated communication delivered to the City of Fort St. John. I have read and understand this authorization.

Signature: _____

Date: _____

Personal information is collected for the purposes of authorizing the release of incident report information to a third party. The City of Fort St. John is collecting this information under s.a6 (c) of the Freedom of Information and Protection of Privacy Act. For questions regarding the collection of personal information on this form please contact us at 250-787-8150 or by email at legislativeservices@fortstjohn.ca.

OFFICE USE ONLY

Received date: _____

Received by: _____