

by signing this document, I,consent to disclose the following personal inform	, am providing the City of Winnipeg with m
(specify the personal information to be disclosed,	i.e., Police Report #, Fire Report #):
the City of Winnipeg will disclose the personal info person/people/organization (list the name(s) and	_
the personal information to be disclosed will be u	sed for the following purpose(s):
disclosed. I may revoke or amend this consent in writing at a	ve purpose(s) and only the specified personal information was ny time before it expires.
disclosed. I may revoke or amend this consent in writing at a	
disclosed.	ny time before it expires. My date of birth
disclosed. I may revoke or amend this consent in writing at a leclare that this consent is given freely.	ny time before it expires.
disclosed. I may revoke or amend this consent in writing at a leclare that this consent is given freely. y Name	ny time before it expires. My date of birth (For police reports only) (day month year) Expiry Date of Consent (Consent will expire 45 days

Your personal information is being collected under the authority and with the protections of *The Freedom of Information and Protection of Privacy Act* (FIPPA). This information will be used to administer your consent to disclose your personal information and will not be used or disclosed for any other purposes, except as authorized by law. If you have any questions about the collection of this information, contact the Corporate Access and Privacy Officer by mail at City Clerk's Department, 510 Main Street, Winnipeg MB, R3B 1B9, or by telephone at 311.