



## AUTHORIZATION FOR THE CITY OF PORT COQUITLAM TO RELEASE

I, the "Client", authorize the City of Port Coquitlam to release any and all records regarding the incident described herein at their request to the following:

Name/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Information: \_\_\_\_\_

### Client Information

Client's Name: \_\_\_\_\_  
Client's Address: \_\_\_\_\_  
Client's Phone number: \_\_\_\_\_  
Type of Incident: \_\_\_\_\_  
Date and Time of Incident: \_\_\_\_\_  
Incident Location: \_\_\_\_\_

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 Port Coquitlam.

I have read and understand this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The City of Port Coquitlam is authorized to collect this personal information under s.26 (c) of the Freedom of Information and Protection of Privacy Act for the purposes of authorizing the release of incident report information to a third party. For questions regarding the collection of personal information on this form please contact the City's FOIPPA Administrator at 1-604-927-5250 or by email at [biggarr@portcoquitlam.ca](mailto:biggarr@portcoquitlam.ca).