Authorization to Release Information Form



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Separate forms must be completed for each property **Not to be used for commercial purposes, ie. lawyer, mortgage company, realtor etc.**

Proper	rty Owner/Tenant/Company N	ame(s):			
	(As shown on tax/utility bills)				
Proper	rty Location:				
Mailing	g Address:	Street			
		Street	City	Postal Code	
Phone number(s):		Email:			
Roll Number: 41-08		Utility A	Utility Account Number(s):		
For th	e above account(s), l/we au	thorize			
	o aboro account(o), "no au	(Name of perso	on(s) you are authorizing on a	ccount)	
	(Relationship to you or the company)				
Permis	ssions granted to authorized i	ndividuals (check all that apply):			
	discuss my/our account inf	ormation with the Municipality of Kincardi	ne		
	receive my/our account information from the Municipality of Kincardine (example: bill copies, receipts, and statements).				
	make changes to account information/give direction to the Municipality of Kincardine (example: mailing address updates and enrolling in pre-authorized payments).				
	By initialing this box, I verify that I understand I must notify the Municipality of Kincardine in writing if I choose to change or revoke authorizations made above				
l am:	 Property Owner Tenant Company Officer (I am authorized to bind the corporation) Executor/Trustee/POA (must provide legal documentation) 				
Print Name:		Signature:		Date:	
Print Name:		Signature:		Date:	

Company Officer Position (if applicable): ____

Please submit in person, mail, fax or scan and e-mail this form to cashier@kincardine.ca

Personal information is collected under the authority of the Municipal Act, *2001* for the purpose of creating a record to be used for authorizing release of property tax or utility account information to persons other than the property owner. Questions about the collection of the personal information may be addressed to the Clerk of the Municipality of Kincardine, 1475 Concession 5, R.R. 5, Kincardine, ON N2Z 2X6 Phone: (519) 396-3468. Revised 2023.06

The Municipality of Kincardine

1475 Concession 5, R.R. #5, Kincardine, ON N2Z 2X6

Phone: 519-396-3468 | Fax: 519-396-8288