

Authorization to Release Information Form

****Separate forms must be completed for each property****

****Not to be used for commercial purposes, ie. lawyer, mortgage company, realtor etc.****

**** Only to be used by a spouse, family members/friends or to identify staff of a corporation****

Property Owner/Company
Name(s): _____

Property Location: _____

Property Roll #41-08- _____

Utility Account Number: _____

Mailing Address: _____

Telephone: _____

Email: _____

For the above account(s), I/we authorize _____

(name and relationship)

Yes No to discuss my/our account information with the Municipality of Kincardine

Yes No to receive my/our account information from the Municipality of Kincardine

Yes No to give direction to the Municipality of Kincardine.

Property Owner signature Date

Property Owner signature Date

Company Officer Name and Position (Please print) Date

Company Officer Signature (I am authorized to bind the corporation) Date

Please submit in person, mail, fax or scan and e-mail this form to:
Municipality of Kincardine, 1475 Concession 5, RR #5, Kincardine, ON N2Z 2X6
Fax (519) 396-1488 E-mail: 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.