



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****

Owner Name(s) _____

Property Location _____

Property roll # 4108-_____ Utility Account # _____

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

Yes / No (circle one) to discuss my/our account information with the Municipality of Kincardine

Yes / No (circle one) to receive my/our account information from the Municipality of Kincardine

Yes / No (circle one) to give direction to the Municipality of Kincardine.

Owner signature Date

Owner signature Date

Company Officer Name and Position (Please print)

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.