

SECTION 4 - AUTHORIZATION

I certify that the information given on this form is true and complete to the best of my knowledge and acknowledge my authorization of the information to be used for the purposes identified below.

Signature:

Date:

The personal information requested on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected will be used for the purpose of permit / application review and inspection processes and may be communicated to relevant City Business Units, utility providers, and Alberta Health Services. It may also be used to conduct ongoing evaluations of services received from City Business Units. If you have any questions about the collection or use of your personal information, contact the City of Beaumont's FOIP Coordinator at 5600-49th Street, Beaumont, Alberta, T4X 1A1 ; ph: 780.929.8782.

Approving Signature (City Use Only):

Approval Date (City Use Only):

City of Beaumont Approval Conditions (City Use Only):