

**AUTHORIZATION FOR THE CITY OF MAPLE RIDGE TO RELEASE**

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

Name:	
Organization:	
Address:	
E-mail Address:	
Telephone:	

**Client Information:**

Client's Name:		
Client's Address:		
Type of Incident:	<input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Medical Call <input type="checkbox"/> Fire Incident/Investigation	
Vehicle Description	Client:	Other:
Incident Date:		
Incident Time:		
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 Maple Ridge.

I have read and understand this authorization.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date Signed

The City of Maple Ridge 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 FOI Office at 604-467-7482 or by email at [foi@mapleridge.ca](mailto:foi@mapleridge.ca).