

Authorization to Act as an Agent for Privacy Complaint

I,, he	ereby authorize
Name of Person Appointing Agent	Name of Agent
to act as my agent for the purposes of a priva	cy complaint to the Information and Privacy Commissioner of
	nd Protection of Privacy Act/Municipal Freedom of Information
and Protection of Privacy Act against the	Name of Government Organization
I further authorize the Commissioner and	Name of Government Organization to disclose to
Name of Agent	_ all information, including personal information pertaining to me,
as may be necessary to process my appeal. Signature of person appointing agent	Signature of witness
Date	
Agent Contact Information:	
Address:	
Telephone Number:	Fax Number:
Email:	