



Town of East Gwillimbury

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

Section 1 - Insured's Information and Authorization

NOTICE: Personal information contained in this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to this request. Questions about the collection of information should be directed to the Municipal Clerk's Office at the Town of East Gwillimbury.

Last Name	First name	Date of Birth (dd/mm/yyyy)
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Street Number	Street Name
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Apt/Suite	City/Town	Postal Code	Phone Number
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Email Address

I authorize The Town of East Gwillimbury to release the Incident Information to the Applicant as Outlined in Section 2:

Signature of Insured	Date (dd/mm/yyyy)
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Section 2 - Incident Information

Date of Incident (dd/mm/yyyy)	Time of Incident	Incident Number (if known)
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Type of Incident	Fire	Vehicle	Medical	Other (Please specify)
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Information to be released (check all applicable boxes):
<input type="checkbox"/> Fire Report <input type="checkbox"/> Other (Please specify)
<input type="checkbox"/> Inspection Report

Section 3 - Applicant

Name of Applicant (Company)	Claim/Reference #
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Street Number	Street Name
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Apt/Suite	City/Town	Postal Code
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Contact Name	Title	Phone Number
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Email Address

- Refer to the Town of East Gwillimbury Fees & Charges Bylaw for applicable charges
- Completed form, including authorized signature, along with full payment should be sent to:
The Town of East Gwillimbury, Emergency Services
19000 Leslie Street
Sharon, ON L0G 1V0
- Allow 7-10 business days after receipt of full payment and completed form for processing.