THIRD PARTY AUTHORIZATION FORM

For Access to Information Requests – Athabasca County
3602 – 48 Ave, Athabasca, AB T9S 1M8
T: (780) 675-2273 | F: (780) 675-5512 | records@athabascacounty.com

INSTRUCTIONS

- Submit this form if you wish to authorize a third party to act on your behalf in transactions with Athabasca County, as identified below.

THIRD PARTY AUTHORIZATION

This form authorizes Athabasca County to disclose records and information to another individual or organization in accordance with Alberta's Office of the Information Privacy Commissioner requirements under the Access to Information Act and the Protection of Privacy Act legislation.

1. PERSON AUTHORIZING RELEASE OF INFORMATION

(Property Owner / Applicant / Individual)

Full Legal Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

2. AUTHORIZED THIRD PARTY

(Person or Organization Authorized to Receive Information)

Name of Individual / Company: _____

Contact Person (if applicable): _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

3. RECORDS / INFORMATION AUTHORIZED FOR RELEASE

I authorize Athabasca County to release and disclose the following records/information to the third party named above:

- ☐ Property and assessment records
- ☐ Planning and development records
- ☐ Permits and inspection records
- ☐ Tax information
- ☐ Utility information
- ☐ Enforcement records

☐ Fire service records

☐ Other (please specify):

_____

_____

4. AUTHORIZED PERIOD

☐ Until the request is complete

☐ Until: _____ (date)

☐ Other: _____

5. TERMS OF AUTHORIZATION

I acknowledge that this authorization is voluntary, and that only information permitted under the Access to Information and the Protection of Privacy Acts will be released. I also understand that this authorization may be revoked by me in writing at any time prior to disclosure. I confirm that I am authorized to consent to the release of the requested information.

I hereby authorize Athabasca County to disclose the information described above to the authorized third party listed on this form.

Signature: _____

Printed Name: _____

Date: _____

OFFICE USE ONLY:

Request/File Number: _____

Verified By: _____

Date Received: _____

Identification Verified: ☐ Yes ☐ No

Method of Verification: _____

Personal information is collected under the authority of the Municipal Government Act and in accordance with section 4(c) of the Protection of Privacy Act (POPA). The information will be used for the purpose of administering and managing municipal programs, services, and submissions. If you have any questions regarding the collection, use, or disclosure of this information, please contact the Access to Information (ATI) Coordinator at 780-675-2273 or records@athabascacounty.com.