Routine Disclosure
Property Owner Consent Form

Subject Property

Woodstock Municipal Street Address of Property: *

_____

Registered Property Owner Information

First Name: * _____

Last Name: * _____

Company Name (if the property is owned by a company):

_____

Street Address: * _____

City/Town: * _____

Postal Code: * _____

Phone Number: * _____

Email: * _____

Property Owner Declaration

I do hereby declare that: *

- ☐ As the registered owner(s) of the property listed above, I/we authorize the Authorized Third-Party Agent identified below to request the disclosure of building records as an Agent on our behalf.

- ☐ I/we designate the Authorized Third-Party Agent as the primary contact with the City of Woodstock for this application.

Property Owner Acknowledgement Statement

I acknowledge that: *

- ☐ I may be contacted at the phone number provided on this consent form to verify any of the information contained herein, and/or to further verify my identity.

- ☐ As part of fulfilling the Building Records Routine Disclosure Request being made by the Authorized Third-Party Agent (Applicant) identified below, the City of Woodstock may disclose my personal information, as defined under the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), contained in any relevant records. This personal information may include, but is not limited to, names, addresses, and phone numbers of the Owner of the Property. The City of Woodstock will remove (redact) any personal information of individuals, other than the property owner, as defined by the MFIPPA.

- ☐ My Personal information contained in any emails, forms, or documents that you submit will be used for the purposes of verifying ownership of the property, verifying authorization to receive records, and responding to the Building Records Routine Disclosure Request being made by the Authorized Third-Party Agent identified on this form.

- ☐ I have read and understand all information and requirements on this application form, and that all information included in this application form is complete and accurate.

Authorized Third-Party Agent Information

First Name: * _____

Last Name: * _____

Company Name (if the property is owned by a company):

_____

Street Address: * _____

City/Town: * _____

Postal Code: * _____

Phone Number: * _____

Email: * _____

Property Owner's Signature: * _____

Date of Application: _____

Collection of Personal Information

Personal information contained in any emails, forms, or documents that you submit will be used for the purposes of verifying ownership of the property, verifying authorization to receive records, and responding to the request.

Personal information, as defined by Section 2 of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA. If you have questions about the collection, use or disclosure of this personal information, please contact the Manager of Legislative Services/Deputy City Clerk by phone at 519-539-2382 extension 2501 or email at jbunn@cityofwoodstock.ca.

Accessible formats of this document are available by contacting the Clerks Department at 519-539-2382 or email at clerksinfo@cityofwoodstock.ca.