



Complaint Representative Consent Form

I, _____, consent to have all communications and

information relating to my complaint regarding _____

with the City of Barrie disclosed to my representative _____.

Name of Complainant: _____

Signature: _____

Date: _____

Any personal information that you choose to provide on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act. The information is used to confirm your consent to disclose information relating to your complaint to the third party you identified. Questions about this collection can be directed to Access Barrie Customer Service Branch 70 Collier St. P.O. Box 400 Barrie, ON L4M 4T5 or by phone at 705-739-4220 X5031.