



**AUTHORIZATION FOR THE CITY OF WHITE ROCK TO RELEASE INFORMATION**

I, \_\_\_\_\_ (Your Name)  
being the registered Owner of the property at:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Address)  
\_\_\_\_\_ (Phone Number | Email)  
authorize the Corporation of the City of White Rock to release to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Name / Title)  
\_\_\_\_\_ (Organization)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_ (Phone Number | Email)

the following information (check one):  
\_\_\_\_\_  
\_\_\_\_\_ (identify records)

Any and all information about me and my property contained in City of White Rock Planning & Development Services files.

This authorization will remain effective until \_\_\_\_\_. I understand that the information will be handled by the City in compliance with all applicable privacy laws. I understand that I may revoke the authorization at any time by written, dated communication delivered to the City of White Rock.

I have read and understand this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed form to: [building@whiterockcity.ca](mailto:building@whiterockcity.ca) or [planning@whiterockcity.ca](mailto:planning@whiterockcity.ca). For general questions regarding the form please contact the Planning & Development Services Department at 604-541-2136

The personal information on this form is collected pursuant to s. 26 (c) of the Freedom of Information and Protection of Privacy Act for the purpose of authorizing the release of information to a third party. For questions regarding this collection of personal information, please contact the Manager of Property, Risk, and Freedom of Information at 15322 Buena Vista Avenue, White Rock, BC, V4B 1Y6, 604-541-2104, [foirequest@whiterockcity.ca](mailto:foirequest@whiterockcity.ca).