



AUTHORIZATION FOR THE CITY OF SURREY TO RELEASE

I authorize you to release any and all information concerning a Fire Incident Report, Motor Vehicle Accident Incident Report, or Medical Assistance Incident Report including photographs (if applicable) at their request to: _____

Address and Contact Information for the above noted:

Client's Name: _____

Client's Address: _____

Client's Phone number: _____

Date of Incident: _____

Incident Location: _____

This authorization will remain effective from the date of signature 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 Surrey.

I have read and understand this authorization.

Signature: _____

Date: _____

Personal information is collected for the purposes of authorizing the release of incident report information to a third party. The City of Surrey is collecting this information under s.26 (c) of the *Freedom of Information and Protection of Privacy Act*. For questions regarding the collection of personal information on this form please contact us at 604-543-6711 or email: firerecords@surrey.ca.