



CONSENT TO RELEASE PERSONAL INFORMATION
Municipal Freedom of Information and Protection of Privacy Act

Name of Candidate: _____

Candidate for the office of:

- Mayor
- Deputy Mayor
- Councillor, Ward _____

I acknowledge that the Nomination Form filed by me contains personal information and I am aware that the Clerk will disclose all or part of it to the general public; and further

That I consent to receiving any or all correspondence related to the Township of Adjala-Tosorontio 2022 Municipal Election via email, using only the email address provided below:

Email address: _____

Candidate Signature: _____

Municipal Clerk OR Designate: _____

Declared before me at the Township of Adjala-Tosorontio

This _____ day of _____, 2022 _____
(Signature of Candidate)