

Consent to Disclose Personal Information

I/We being the owner(s) of real property identified below and located at the municipal address listed below ("Property"), hereby authorize the County of Essex to disclose and share information with respect to the Property and any development proposal submitted by Me/We to those individual(s) or organization(s) listed as an authorized agent below. The County of Essex is requesting written authorization by means of this to disclose your personal information to a third party pursuant to Section 32 of the Municipal Freedom of Information and Protection of Privacy Act., R.S.O. 1990. This consent shall remain valid and in force unless and until revoked by you in writing.

Note to applicants and agents: Be advised that upon submission, the County of Essex will notify the registered property owner(s) by providing a copy of this form, as submitted to the Planning Department.

Property Information

Municipal Address:

Roll Number(s) or PIN(s):

Registered Owners

Name of Registered Owner (1):

Mailing Address:

Phone:

Email:

Signature:

Date:

Name of Registered Owner (2):

Mailing Address:

Phone:

Email:

Signature:

Date:

Name of Registered Owner (3):	
Mailing Address:	
Phone:	Email:
Signature:	Date:
Name of Registered Owner (4):	
Mailing Address:	
Phone:	Email:
Signature:	Date:

Authorized Agents	
Name of Authorized Agent (1):	
Mailing Address:	
Phone:	Email:
Name of Authorized Agent (2):	
Mailing Address:	
Phone:	Email:
Name of Authorized Agent (3):	
Mailing Address:	
Phone:	Email:
Name of Authorized Agent (4):	
Mailing Address:	
Phone:	Email:

519-776-6441
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