PHONE:
204-745-2301

FAX:
204-745-6348

RURAL MUNICIPALITY OF DUFFERIN
12 – 2ND AVE SW, BOX 100, CARMAN, MANITOBA R0G 0J0
info@rmofdufferin.com www.carmanmanitoba.ca

CONSENT TO DISCLOSURE OF INFORMATION

DATE: _____

TO: RM of Dufferin_____

FAX NUMBER: 204-745-6348_____

FROM: _____

FOR(CLIENT): _____

PAGES (INCLUDING COVERSHEET): _____

REMARKS: _____

_____

_____

This fax transmission is intended for the use of the individual office noted above, and may contain information that is private and confidential, and exempt from disclosure under law. If you receive this transmission in error, please nifty the send or operator immediately by telephone. Thank you.

PROPERTY OWNERS INFORMATION

- ☐ Property Tax Statements
- ☐ Property Tax Receipts
- ☐ _____
- ☐ Utility Bills
- ☐ Utility Receipts
- ☐ _____

I/we consent to the disclosure of the above personal information as requested for the purpose of completing our income tax return. I/we authorize the municipality listed above to release and/or exchange information for the purpose stated under remarks. If the property is jointly owned, only one landowner is required to sign for consent of disclosure of information. A photocopy of this signed consent for disclosure is sufficient to authorize the disclosure and/or exchange of information.

_____

Name(please print) Signature Date

_____

Name(please print) Signature Date