



PHONE:  
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**RURAL MUNICIPALITY OF DUFFERIN**

12 - 2ND AVE SW, BOX 100, CARMAN, MANITOBA R0G 0J0  
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## 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 notify the sender 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