



Authorization to Act as an Agent for Appeal

I, _____, hereby authorize _____
Name of Person Appointing Agent Name of Agent
to act as my agent for the purposes of an appeal to the Information and Privacy Commissioner of Ontario under
the *Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of
Privacy Act* regarding my request for general records/personal information/correction of personal information to
the _____ dated _____.
Name of Government Organization Insert Date of Request

I further authorize the Commissioner and _____ to disclose to
Name of Government Organization
_____ all information, including personal information pertaining to me,
Name of Agent
as may be necessary to process my appeal.

Signature of person appointing agent

Signature of witness

Date

Agent Contact Information:

Address: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Note: It is an offence to make a request for access to or correction of personal information under false pretenses, pursuant to section 61(1)(c)/48(1)(c) of the *Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act*.