

Formal Public Complaint Form Representative Authorization

Consent to Appoint a Complaint Representative

I, _____ appoint
_____ to be my representative for my
Formal Complaint and consent to have all communications and information relating to
my complaint disclosed to my representative.

Signature: _____

Date: _____

Any personal information you choose to provide on this form is collected under the authority of the *Municipal Act, 2001*. The information you provide will be used to confirm your consent under the *Municipal Freedom of Information and Protection of Privacy Act*, s.32(B) to disclose information relating to your complaint to the representative you identified. Questions about this collection can be directed to the Clerk's Office, PO Box 100, 100 Dissette Street, Bradford, ON L3Z 2A7, phone 905-775-5366, clerk@townofbwg.com