



Proof of Authority - Access to Records

Overview

SECTION 1

This form is used to designate an *authorized* representative to make a Personal Information Request on your behalf. This form must be attached to an **Access to Information Request form** in order to fulfill the request.

Contact Information (of the individual granting consent)

SECTION 2

Name \_\_\_\_\_ Email/Tel \_\_\_\_\_

Organization (where applicable) \_\_\_\_\_

Address \_\_\_\_\_

**Note:** the accompanying Access to Information Request form should include the contact information of the *authorized representative*.

Consent

SECTION 3

Pursuant to Section 108 of the Access to Information and Protection of Privacy (ATIPP) Act, 2015:

I, \_\_\_\_\_ (your name) hereby give authorization  
to \_\_\_\_\_ (name of authorized representative) as my  
personal representative to act on my behalf, and to exercise:

My right to access **all** my records containing personal information.

My right to access **some** of my records containing personal information, as indicated here:

Please select:

This consent will expire upon completion of the request.

This consent will expire on (yyyy-mm-dd) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness' Signature \_\_\_\_\_ Date \_\_\_\_\_

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and will be used to designate an authorized representative to make personal information requests on your behalf. Questions about the collection and use of the information may be directed to the ATIPP Coordinator at 576-8429 or [atipp@stjohns.ca](mailto:atipp@stjohns.ca).

Send completed forms to:

ATIPP Coordinator  
Office of the City Clerk  
P.O. Box 908, 10 New Gower Street  
St. John's, NL A1C 5M2

For further information:  
Phone: 709-576-8429  
Email: [atipp@stjohns.ca](mailto:atipp@stjohns.ca)

**ST. JOHN'S**

NEWFOUNDLAND AND LABRADOR, CANADA