



Proof of Authority

In accordance with *The Freedom of Information and Protection of Privacy Act* (FIPPA), section 79, this form must accompany requests for access to personal information of third parties as proof that the third party has authorized the applicant to act on their behalf.

INSTRUCTIONS: Describe the records exactly the same way in both the FIPPA application and the Proof of Authority form. Attach the completed Proof of Authority form to the FIPPA application and submit both forms by mail or email:

City Clerk's Department
Administration Building
510 Main Street
Winnipeg, MB R3B 1B9
FIPPA@winnipeg.ca

I am authorizing _____ to make the attached FIPPA application for my personal information, which is contained in the following records:

I am further authorizing the City of Winnipeg to disclose, in response to the attached FIPPA application, my personal information as contained in these records.

Name _____

Address _____

Telephone _____

Date of birth (for _____
police reports only) (day month year)

Expiry Date of Consent _____
*(Consent will expire 30 days
from the date signed if no other date is specified)*

Signature

Date (day month year)

Your personal information is being collected under the authority of The Freedom of Information and Protection of Privacy Act (FIPPA), and is protected by the Protection of Privacy provisions of FIPPA. This information will be used to administer section 79 of FIPPA and will not be used or disclosed for any other purposes, except as authorized by law. If you have any questions about the collection of this information, contact the Corporate FIPPA Coordinator by mail at City Clerk's Department, Administration Building, 510 Main Street, Winnipeg MB, R3B 1B9, or by telephone at 311.