



Release of Candidate Information Municipal Election or By-election

I, _____, hereby grant consent to the Town of Peace River to release the following personal information to any interested person, organization, or media. This consent shall remain in effect from the date the Release is signed until either withdrawn by me in writing or 48 hours following the date of the election or by-election.

I am consenting to the disclosure of the following (fill in only those fields you wish to disclose)

Name: _____

Address: _____

Campaign Office Address: _____

Phone numbers: _____

Campaign Office

Home

Cell

Other

E-mail Address(es): _____

Website: _____

Other social Media: _____

Signature

PEACE RIVER



Date

The personal information collected through this form is for purpose of administering an election and sharing of candidate contact information with the public. This collection is authorized by section 4(c) of the *Protection of Privacy Act*. For questions about the collection of personal information, please contact the Town of Peace River's Privacy Officer at: email legislativeservices@peaceriver.ca; or telephone 780-624-2574; or 9911 100 Street, Box 6600, Peace River, Alberta, T8S 1S4.