



**Access and Privacy Office**  
**Proof of Authority**

INSTRUCTIONS FOR THE AUTHORIZER:

- Use this form to authorize another person (the requester) to submit a FIPPA request for and receive your personal information from the City on your behalf, in accordance with section 79(a) of *The Freedom of Information and Protection of Privacy Act*.
- Fill in the name of the person that is acting on your behalf and describe the personal information and records that you want the requestor to access on your behalf.
- Complete the contact information, dates, and signature portions at the bottom of the form.

\_\_\_\_\_ (Name of Requester), I authorize you to submit a FIPPA request for my personal information, as contained in the following records:

Also, I authorize the City of Winnipeg to disclose my personal information as contained in the described records to the Requester in their response to the FIPPA request.

Authorizer's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of birth \_\_\_\_\_  
*(For police reports only)* (day month year)

Expiry Date of Consent \_\_\_\_\_  
*(Consent will expire 45 days from the date signed if no other date is specified)*

\_\_\_\_\_

Authorizer's Signature

\_\_\_\_\_

Date (day month year)

Your personal information is being collected under the authority and with the protections of *The Freedom of Information and Protection of Privacy Act* (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 Access and Privacy Officer by mail at City Clerk's Department, 510 Main Street, Winnipeg MB, R3B 1B9, or by telephone at 311.