

Consent to Release Property Information

Please e-mail this completed form to propertyrecords@langford.ca

As the registered owner(s) of the property at _	ADDRESS	, I/we
authorize the City of Langford to release prope	erty information to	
	AC	GENT/PERSON
Effective Date:	Expiry Date of Authorization:	
Agent/Person Email:	Agent/Person Telephone:	
I understand that proof of ownership may be require	red as per Section 5.1b of the Freedom of Info	rmation and Protection of Privacy Act.
Name of Registered Owner (please print)	Registered Owner Signature	Date
Name of Registered Owner (please print)	Registered Owner Signature	 Date
Telephone	Email	
FILES REQUESTED Please note, requesting specific documents	as opposed to an entire file may result in	n a faster turnaround time
In order to expedite this request, please pro-	· · ·	

There is no guarantee that the City will have specific records on file for all properties, and the City does not guarantee the accuracy or completeness of information provided. Personal information collected on this form is for the purpose of processing the request for property information. The personal information is collected under Section 26(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions concerning this collection, contact the Manager of Legislative Services, City of Langford, 2nd Floor 877 Goldstream Avenue, Langford, BC V9B 2X8, e-mail propertyrecords@langford.ca, or call 250-478-7882.