



AUTHORIZATION FOR THE CITY OF SURREY TO RELEASE

I authorize you to release any and all information about me in any Surrey Fire Service incident report or related report, including photographs (if applicable), at their request to:

Company or Law Firm Name: _____

Address and Contact Information:

Client's Name: _____

Client's Address: _____

Client's Phone number: _____

Date of Incident: _____

Incident Location: _____

This authorization will remain effective from the date of signature until _____.
I understand that the information will be handled by the City in compliance with all applicable privacy laws.

I understand that I may revoke the authorization at any time by written, dated communication delivered to the City Clerk of the City of Surrey.

I have read and understand this authorization.

Signature: _____

Date: _____