



AUTHORIZATION FORM

DR. MERRILEE FULLERTON, MPP

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I, _____, the undersigned, do hereby grant full and unrestricted permission to any and all agencies of the municipal, provincial, or federal governments, or any private agencies, to release details of my interaction(s) with the said agencies to the Kanata–Carleton provincial constituency office of MPP Merrilee Fullerton in order to facilitate their activities on my behalf.

I release the Kanata–Carleton provincial constituency office of MPP Merrilee Fullerton and its employees from any liability that may arise because of their access to such information.

Signed at _____ city _____, on _____ DD/MM/YYYY _____

Constituent Signature

Witness Signature

Contact Information

Phone Number: _____

Email Address: _____

Full Address: _____

Please provide as much information as possible related to this case:

Departments/agencies you have been dealing with:

Reference Number(s): _____

Person(s) you have been talking to: _____

Person(s) title: _____

When was your last contact: _____