



GOVERNMENT INSTITUTION DISCLOSURE REQUEST

Date:	
Name of Government Institution:	
Requests disclosure of personal information pertaining to: (name of individual or other identifiers)	
Description of information requested:	
Legislative Authority to request the information: (document the Act and Section)	
Government Official Name:	Date:
Title:	Phone Number:
Signature: _____	

TO BE COMPLETED BY THE CITY OF PRINCE ALBERT

Personal information disclosed to the requesting government institution:

Name and Title of Authorized Official: _____

Signature: _____

Date: _____

PLEASE FORWARD COMPLETED FORM TO:

City Clerk
1084 Central Avenue
Prince Albert, SK S6V 7P3
ph: 306-953-4305
email: accesstoinfo@citypa.com