



**GOVERNMENT INSTITUTION DISCLOSURE REQUEST**

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

**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