



Authorization of Representative

This form authorizes a representative to act on your behalf in matters involving Sturgeon County. This may include making requests under the *Protection of Privacy Act* (POPA) or the *Access to Information Act* (ATIA).

I, [redacted], living at [redacted], in the province of [redacted], authorize [redacted] living at [redacted], in the province of [redacted], as my personal representative to act on my behalf, and to exercise: (select applicable options)

- all my rights under the *Protection of Privacy Act* (POPA) and the *Access to Information Act* (ATIA).
- my right to access all my records containing personal information in all categories of personal information
- my right to access all the following records containing personal information or all the following categories of personal information (*number and titles of records or categories*):

- the rights that I have under ATIA and POPA regarding the following other matters (*e.g. consent to disclose personal information*):

I confirm that my representative has the authority to exercise the above right(s) under the ATIA and POPA for me. This authorization will be in effect until [redacted] (Date).

(Name) _____ (Signature) _____

in the presence of (Name of Witness) _____

(Signature of Witness) _____ (Date) _____

Sturgeon County collects the personal information on this form for the purpose of confirming and authorizing your designated representative to act on your behalf in matters involving the County under the *Protection of Privacy Act* (POPA) and the *Access to Information Act* (ATIA). This collection is authorized under section 4(c) of the *Protection of Privacy Act*. If you have any questions about the collection or use of this information, please contact the Access and Privacy advisor at accessandprivacy@sturgeoncounty.ca or by phone at **780-939-4321**