



## AUTHORIZATION TO ACT AS A REPRESENTATIVE FOR AN APPLICANT IN A COMPLAINT

I, \_\_\_\_\_  
(name of applicant)

authorize

\_\_\_\_\_  
(name of representative)

to act as my sole representative for the purposes of my complaint to the Office of the Access to Information and Privacy Commissioner under the *Right to Information and Protection of Privacy Act* in relation to an access request filed with

\_\_\_\_\_  
(name of public body)

I understand that by appointing a representative, all of my communications with the Office of the Commissioner will be made exclusively through my representative.

I also understand that, as a result of this authorization, my representative will have the authority to make decisions on my behalf with respect to my complaint.

I authorize the Access to Information and Privacy Commissioner (and her staff) to disclose to my representative personal information pertaining to me as may be necessary to process my complaint.

### Contact information of representative:

Representative's group or organization (if applicable) \_\_\_\_\_

Mailing address \_\_\_\_\_

Telephone number \_\_\_\_\_

Fax number \_\_\_\_\_

Email address \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)