



AUTHORIZATION TO RELEASE PROPERTY INFORMATION

I/We, _____

Please Print Owner Name(s)

Please Print Address

In the municipality of the Town of Lincoln, hereby authorize and give consent to the Town of Lincoln Fire Rescue and Emergency Services to release information pertaining to the property described above to:

Please Print Name or Agency

Signature

Date

Personal information contained in this form is collected pursuant the *Municipal Act* and the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for the purpose of administering the release of property information. Questions about the collection of personal information should be directed to the Fire Chief.

LFR910 (Rev. Mar/19)