



4800 SOUTH SERVICE RD  
BEAMSVILLE, ON LOR 1B1  
905-563-8205



# 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)