

Collection and Use of my Personal Information

Member of Parliament

Name of the Member of Parliament

Collecting information

Member for

Name of Constituency

Constituent information

Name

Person or organization

Date of birth

Optional

Address

Telephone number

E-mail address

What help is being requested

Describe the issue, using the Appendix if needed

Authorization

I hereby authorize the Member of Parliament (the MP) and/or their delegate to:

1. Collect and use my personal information, including during the dissolution of Parliament, to investigate or to help in the resolution of the ISSUE;
2. Share my personal information regarding the ISSUE, including during the dissolution of Parliament, as necessary, with relevant persons and organizations, including government departments and agencies, and obtain any other related information;
3. Destroy all documents in the MP's possession concerning the ISSUE after the MP has notified me to pick up the documents.

If a new MP is elected in the constituency

Choose one of the following

I hereby consent that the documents in the MP's possession concerning the ISSUE be shared with the new MP.

I request that the documents in the MP's possession related to the ISSUE be returned to me at the address indicated below and that any copy of these documents be subsequently destroyed.

Address for document return

Please note that if a new MP is elected and you have not selected one of the options above, the documents in the MP's possession will be destroyed to protect your privacy.

I understand that any information given to the Member of Parliament and/or their delegate will remain confidential, except as described in this form or as required or authorized by law.

I further acknowledge and understand that the Member of Parliament is not in that capacity part of any government department or agency and that the Member cannot guarantee any particular or desired outcome to the ISSUE.

Signature

Date

Appendix

Please provide a description of the ISSUE.
