



## CONSENT TO DISCLOSURE

I authorize the City of Surrey to release images of me that may be seen in traffic footage of a motor vehicle accident to the following individual/organization:

\_\_\_\_\_

My contact information:

\_\_\_\_\_

\_\_\_\_\_

First name

Last Name

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

LOCATION OF MOTOR VEHICLE ACCIDENT: \_\_\_\_\_

ACCIDENT DATE: \_\_\_\_\_ ACCIDENT TIME: \_\_\_\_\_

My role in accident (check one and provide details):

Driver

Vehicle Make/Model/Color/Plate No.:

\_\_\_\_\_

Passenger

Vehicle Make/Model/Color/Plate No.:

\_\_\_\_\_

Pedestrian

I understand that the information will be handled by the City in compliance with all applicable privacy laws.

I understand that I may revoke my consent at any time by written, dated communication delivered to the City of Surrey.

I have read and understand this consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information is collected for the purposes of consenting to the release of traffic footage to a third party. The City of Surrey is collecting this information under s.26 (c) of the *Freedom of Information and Protection of Privacy Act*. For questions regarding the collection of personal information on this form please contact us at 604-591-4372 or email: [inforequest@surrey.ca](mailto:inforequest@surrey.ca).