



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 Integrity Commissioner under the *Right to Information and Protection of Privacy Act* and the *Personal Health Information Privacy and Access Act* in relation to an access request filed with :

_____. (name of public body or
custodian)

I understand that by appointing a representative, all of my communications with the Office of the Integrity 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 Integrity Commissioner (and his 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)