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**CONSTITUENCY**

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Ernie Klassen

Member of Parliament
South Surrey – White Rock

PARLIAMENTARIAN AUTHORIZATION FORM**CONSTITUENT** *(person living in the riding)*

Full Name: _____ Date of Birth: _____

Home Address *(include postal code)*: _____

Phone: _____ Email: _____

INFORMATION RELATING TO THE INDIVIDUAL WITH THE ISSUE BELOW (if applicable)

Full Name: _____ Date of Birth: _____

Home Address: _____

Phone: _____ Email: _____

SIN: _____

DESCRIPTION OF THE ISSUE: _____

I hereby authorize Mr. Ernie Klassen, Member of Parliament and/or his delegates, to:

1. Collect and use my personal and/or confidential information (INFORMATION) for the purpose of investigating or resolving the ISSUE;
2. Make enquiries with and disclose my INFORMATION to relevant individuals, including to _____ and entities, including government departments and agencies, concerning the ISSUE and seek any other relevant information as required;

I understand that any INFORMATION I provide to Mr. Ernie Klassen, and/or his delegates, will be kept confidential, except as described in this Authorization Form, or as required or permitted by law.

Signature: _____ Date: _____