



INSTRUCTIONS:

Please complete this form to have a representative act on your behalf before the Community Safety Unit. The Community Safety Unit will correspond and share your personal information with the named representative. The representative named in this form:

- must be 19 years of age or over; and
- will continue to have the authority described below until the Community Safety Unit receives written information from you of any change or amendment.

This form can be completed online and printed. If you have any questions about this form, please contact the Community Safety Unit at 604-502-5493 (lower mainland) or 1-855-502-5494 (toll free).

Part 1: Personal Information

Legal Name of Individual	Position (if applicable)		
Telephone	Fax		
Email			
Mailing Address	City	Province	Postal Code
Community Safety Unit File Number			

Part 2: Representative Information

Select one: <input type="checkbox"/> Adding representative <input type="checkbox"/> Amending representative contact information <input type="checkbox"/> Removing representative			
Name of Representative			
Telephone	Fax		
Email			
Mailing Address	City	Province	Postal Code



Part 3: Consent for Release of Information and Authorization

I authorize my representative to act on my behalf before CSU. This authorization form is effective immediately and it replaces any previous authorization(s) I have submitted to CSU.

I consent to the disclosure inside or outside Canada, of my personal information by the Community Safety Unit, to the Representative named above.

Signature of Individual

Date (mm/dd/yy)

The information requested on this form is collected by the Community Safety Unit under Section 26(b) and (c), 27(1)(a)(iii) and 27(3) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of compliance and enforcement matters in accordance with the *Cannabis Control and Licensing Act*. Should you have any questions about the collection, use, or disclosure of personal information, please contact the Freedom of Information Officer at PO Box 9292 STN PROV GVT, Victoria, BC, V8W 9J8 or by phone toll free at 1-866-209-2111.

Mail, email or fax this completed form to:

Director,
Community Safety Unit
PO Box 9060 Stn Main
Surrey BC
V3T 0N4

Email CSU@gov.bc.ca

Fax number 604-591-5611