



**CONSENT TO DISCLOSE BUSINESS INFORMATION FOR ADVERTISEMENT  
PURPOSES**

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

License Type: \_\_\_\_\_

**Business Information:**

**Name:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Fax:** \_\_\_\_\_

**City/Prov:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Business Description:** \_\_\_\_\_

**CONSENT TO DISCLOSE BUSINESS INFORMATION:**

I give the Town of Slave lake permission to release any of the above information in response to general public inquiry for specific services.

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**