

## CONSENT TO RELEASE PERSONAL INFORMATION

I, \_\_\_\_\_, hereby consent to the release by the Village of Delburne of the following personal information about me to any interested person or organization, including the news media, as well as said information being posted on the Village's website, from the date of signing this Consent until completion of the 2010 Municipal and School Elections.

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Election Night Address  
And/or phone number  
If different from above: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**NB: Please complete only the information you wish to be released. For election purposes, your name and address as shown on the Nomination Form are not considered to be personal information.**

\_\_\_\_\_  
*Signature*

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