



LEGISLATIVE ASSEMBLY

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RANDY HILLIER, M.P.P.
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CONSENT FOR DISCUSSION OF FILE

I, _____ hereby authorize the Office of MPP Randy Hillier to communicate with _____ in regards to my file, for the purpose of obtaining information and addressing any concerns with the account and file.

I understand these communications to be confidential, and the information protected, and not to be used for any other purpose other than my request for assistance.

Signature Date

Contact Information

Name _____

Address _____

City/Postal Code _____

Home Phone (613) _____ Other (613) _____

File/Reference Number _____

Please provide a brief description of assistance required:

Constituency Offices:

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