



Health and Social Services  
Environmental Health Services

#2 Hospital Road  
Whitehorse, Yukon, Y1A 3H8

## CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_, of \_\_\_\_\_  
OWNER/OPERATOR/AGENT NAME OF PREMISES

\_\_\_\_\_  
ADDRESS OF PREMISES

hereby consent to the exchange of relevant information between Health and Social Services, Environmental Health

Services and \_\_\_\_\_

All precautions to maintain the confidentiality of the information will be taken and no other persons will have access to it without my further written consent except as required by law. The information will be used to assist the above-noted in conducting business with you.

This consent becomes effective YYYY / MM / DD and will be in effect for:

3 months     6 months     12 months     other \_\_\_\_\_

This consent may be revoked by the undersigned at any time upon written notification to Health and Social Services, Environmental Health Services. Should further information be required with regard to this consent please contact this office at (867) 667-8391.

SIGNATURE OF OWNER/OPERATOR/AGENT	PRINT NAME
DATE SIGNED	

WITNESS	PRINT NAME