



**EASTERN REGIONAL SERVICE BOARD
EASTERN WASTE MANAGEMENT**

Consent to Disclose Information

I/We*, _____,
authorize(s) Eastern Regional Service Board operating as Eastern Waste Management
to disclose information including my account balance regarding my waste
management account No. _____ for my property located at civic address:

in the community of _____

TO: _____
(Print name and address of person/organization requiring the information)

I understand the purpose for disclosing this information to the person/organization noted
above. I understand that I can refuse to sign this consent form.

Name: _____

Address: _____

Home Tel.: _____ Cell: _____

Email: _____

Signature: _____ Date: _____

Witness Name: _____

Address: _____

Home Tel.: _____ Cell: _____

Signature: _____ Date: _____

***Please note: Only the account holder(s)/property owner(s) may sign this Consent to Disclose
Information form.**