



## 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.**