

***Freedom of Information and Protection of Privacy Act (FOIPPA).*** The personal information on this form is collected for the purpose of administering the Municipal and Regional District Tax program under the authority of the *Provincial Sales Tax Act* and section 26 of FOIPPA. Questions about the collection or use of this information can be directed to Destination British Columbia at [MRDT@destinationbc.ca](mailto:MRDT@destinationbc.ca).

## Appendix 1.5 Third Party Authorization Form

As part of our commitment to protect your privacy and confidentiality you can use this form to authorize Destination British Columbia to communicate and exchange information regarding the Municipal and Regional District Tax program with your representative. If you wish to cancel or change any part of this authorization please advise Destination British Columbia by email at [MRDT@destinationbc.ca](mailto:MRDT@destinationbc.ca).

This authorization does not change your responsibilities and obligations under the Municipal and Regional District Tax Program.

---

### Section 1: Applicant Information

Name: \_\_\_\_\_

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

Name and Title of Authorized Signing Authority: \_\_\_\_\_

---

### Section 2: Authorization of a Third Party Representative

☐ I authorize Destination British Columbia to communicate with my representative named below on the Municipal and Regional District Tax program.

Name of Representative: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

---

### Section 3: Applicant Signature

By signing this form, you acknowledge that Destination British Columbia is authorized to communicate with your representative named above but that you remain fully responsible for fulfilling all obligations under the Municipal and Regional District Tax program.

Applicant's Authorized Signing Authority Name	Applicant's Authorized Signing Authority Title
Date	Applicant's Authorized Signing Authority Signature