

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.

Appendix 1.6 Disclosure of Information Authorization Form

Confidentiality restrictions under the *Provincial Sales Tax Act* prevent the Ministry of Finance from disclosing tax information collected under the Act except under limited circumstances. Administration of the Municipal and Regional District Tax program requires the Ministry of Finance to share information with the Ministry of Municipal Affairs and Housing (Appendix 1.8 and 2.4 only, as applicable), Ministry of Tourism, Arts and Culture, and with Destination British Columbia for the purpose of program administration and evaluation, and development of provincial tourism policy.

Signing this form will allow the Ministry of Finance to share information about the applicant with respect to the MRDT program with the Ministry of Tourism, Arts and Culture and Destination British Columbia for the above purposes.

If you wish to cancel or change any part of this authorization please advise Destination British Columbia by email at 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

- I authorize the Ministry of Finance to share information about the applicant with respect to the Municipal and Regional District Tax program with the Ministry of Tourism, Arts and Culture and Destination British Columbia for the purpose of program administration and evaluation, and development of provincial tourism policy.

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