VILLAGE OF PERDUE AUTHORIZATION TO RELEASE INFORMATION

Date:	
Name of Applicant:	
Civic Address:	
Mailing Address:	Box # Community Postal Code
Phone Number:	Residence: Alternate:
Email Address:	
I,	
Dated this day	of, 20 TimeAM/PM
X	X
XSignature of Applicant	Witness

Village of Perdue

Box 190 Perdue, SK S0K 3C0

Office: 306-237-4337 Fax: 306-237-4874

Email: villageofperdue@sasktel.net