



THIRD PARTY ADVERTISER INFORMATION
CONSENT FORM
2025 Ward 8 Municipal By-Election

<input type="checkbox"/> New Information	<input type="checkbox"/> In Addition to Existing Information
<input type="checkbox"/> Replaces Existing Information	

Third Party Advertiser (Please Print)

Registrant

PLEASE SIGN ONLY ONE OF THE FOLLOWING SECTIONS:

I hereby consent to have all contact information provided on my completed Third Party Registration Paper posted on the **City of Hamilton's** 2025 Ward 8 Municipal By-Election website.

Signature of Registrant

Date

OR:

I hereby consent to have the following information from on my completed Third Party Registration Paper posted on the **City of Hamilton's** 2025 Ward 8 Municipal By-Election website:

<input type="checkbox"/> Address	<input type="checkbox"/> Fax Number
<input type="checkbox"/> Home Phone Number	<input type="checkbox"/> E-mail Address
<input type="checkbox"/> Business Phone Number	

Signature of Registrant

Date

OR:

I do not consent to any of my personal information from on my completed Third Party Registration Paper, other than my name, being posted on the **City of Hamilton's** 2025 Ward 8 Municipal By-Election website.

Signature of Registrant

Date