



Warren Steinley, MP

Regina-Lewvan

General Information

Full Name of Applicant: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Birthdate: _____

Country of Birth: _____ Type of Application: _____

UCI#: _____ Application #: _____

Question/Inquiry: _____

Consent to Disclose Information:

I, _____ consent to the exchange of information between an authorized representative of Warren Steinley, MP and/or staff and on my behalf.

This consent is effective for six (6) months from the date of signing.

I fully understand the nature and purpose of this consent and have given my consent and authorization voluntarily.

Dated at Regina - Lewvan, this day _____.

Signature



6845 Rochdale Blvd, Regina SK S4X 1C3
306-790-4747