## Form 5

## Agreement Part XX - Freedom of Information and Protection of Privacy Municipal Government Act Clause 485(4)(d)

This agreement is made betweento below as the researcher, andreferred to below as the municipality.		(name of researcher), referred (name of municipality),
inf	researcher has requested access to the following records that contain personal rmation and are in the custody or under the control of the municipality: cribe the records below)  researcher understands and promises to abide by the following terms and litions:  The researcher will not use the information in the records for any purpose other than the following research purpose unless the researcher has the municipality's written authorization to do so: (Describe the research purpose	
1.	other than the following research purp municipality's written authorization to below)	oose unless the researcher has the o do so: (Describe the research purpose
2.		onal information in a form in which the entified only to the following persons:
3.	Before disclosing personal information researcher will enter into an agreemen will not disclose it to any other person.	t with those persons to ensure that they
1.	The researcher will keep the information in a physically secure location to which access is given only to the researcher and to the persons mentioned above.	
5.	The researcher will destroy all individu (date).	ial identifiers in the information by

- 6. The researcher will not contact any individual to whom personal information relates, directly or indirectly, without the prior written authority of the municipality.
- 7. The researcher will ensure that no personal information will be used or disclosed in a form in which the individual to whom it relates can be identified without the written authority of the municipality.
- The researcher will notify the municipality in writing immediately upon becoming aware that any of the conditions set out in this agreement have been breached. Signed at \_\_\_\_\_\_, \_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_\_, \_\_\_. Researcher Representative of Municipality Signature: Name: **Print Full Name: Position:** Mailing Address: \_\_\_\_\_ Municipality: \_\_\_\_\_ Address: (Street/Apartment No./R.R. No.) (Community/County) Telephone Number: \_\_\_\_ Fax Number: \_\_\_\_\_ (Postal Code) **Telephone Numbers:** (Residence) (Business) Fax Number: