



REGISTERED THIRD PARTY INFORMATION RELEASE CONSENT FORM

For Official List of Registered Third Parties
and Township of West Lincoln's 2018
Election Website

<input type="checkbox"/> New Information <input type="checkbox"/> Replaces Existing Information	<input type="checkbox"/> In Addition to Existing Information
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Registered Third Party Name (Please Print) _____

PLEASE SIGN ONLY ONE OF THE FOLLOWING SECTIONS:

I hereby consent to have all information provided on the completed Registration Form posted on the Township of West Lincoln's 2018 Election website.

Signature of Registered Third Party Representative

Date

Printed name of Registered Third Party Representative

OR:

I hereby consent to have the following information from the completed Registration Form posted on the Township of West Lincoln's 2018 Election website:

<input type="checkbox"/> Phone Number <input type="checkbox"/> E-mail Address	<input type="checkbox"/> Website Address
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Signature of Registered Third Party Representative

Date

Printed name of Registered Third Party Representative