

Ministry of Finance  
Retail Sales Tax

**Third Party Authorization To Release Information**

This form authorizes the Ontario Ministry of Finance to release confidential vendor/taxpayer information to a designated representative. This authorization is valid until the vendor/taxpayer or authorized signing officer cancels it in writing. Please complete a separate form for each representative.

**The purpose of this form is:**

to authorize ( ) a third-party representative or  
to cancel ( ) a third-party representative

**1. Vendor/Taxpayer Identification Area**

Legal Name:

Trade Name:

Business Address:

Vendor Permit Number:

Name of Vendor/Taxpayer or  
Authorized Signing Officer: \_\_\_\_\_

**2. Representative Identification Area**

Name of authorized representative  
AND/OR the firm: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

This authorization is for information pertaining to the period:

From \_\_\_\_\_ to \_\_\_\_\_

**3. Authorized Signature (business owner or authorized signing officer)**

\_\_\_\_\_  
Signature of Vendor/Taxpayer  
or Authorized Signing Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Telephone Number