

Tax Release Form

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| | of Applicant) |
| | t of Family Services and Housing of the Province of evenue Canada. Any information so received is to be on and will not be disclosed to any other party. |
| | hereby nominate Revenue Canada |
| | s for taxation year(s) and |
| requires them. | Department of Family Services and Housing when it |
| Taxpayer's Signature | Witness |
| Tax Payer's S.I.N. | District Office |
| Data | |