

FORM #5 - Research Agreement
Part XX – Municipal Government Act
*Clause 29(d)

TO: FOIPOP Administrator
Halifax Water
450 Cowie Hill Road
PO Box 8388, RPO CSC
Halifax NS B3K 5M1

This agreement is made between _____

(Name of researcher), referred to below as “the researcher” and Halifax Water.

The researcher has requested access to the following records that contain personal information and are in the custody or under the control of Halifax Water: (Describe the records below):

The researcher understands and promises to abide by the following terms and conditions:

1. The research will not use the information in the records for any purpose other than the following research purpose unless the researcher has Halifax Water’s written authorization to do so; (Describe the research purpose below)

2. The researcher will give access to personal information in a form in which the individual to whom it relates can be identified only to the following persons: (Name the persons below):

3. Before disclosing personal information to persons mentioned above, the researcher will enter into an agreement with those persons to ensure that they will not disclose it to any other person.

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4. 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 individual identifiers in the information by _____ (date).
6. The researcher will not contact any individual to whom personal information relates, directly or indirectly, without the prior written authority of Halifax Water.
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 Halifax Water.
8. The researcher will notify Halifax Water in writing immediately upon becoming aware that any of the conditions set out in this agreement have been breached.

Signed at _____, _____ this _____ day of _____, 20____.

<p>Researcher Signature: _____</p> <p>Print Full Name: _____</p> <p>Mailing Address: _____ <small>(Street/Apartment No./R.R. No.)</small> _____ <small>(Community)</small> _____ <small>(Postal Code)</small> _____</p> <p>Telephone Numbers: (Residence) _____ (Business) _____ (Fax) _____</p> <p>E-mail Address: _____</p>	<p>Halifax Water’s Representative: Signature: _____</p> <p>Position: _____</p> <p>Address: _____ <small>(Street/Suite)</small> _____ <small>(Community)</small> _____ <small>(Postal Code)</small> _____</p> <p>Telephone Number: (Office) _____ (Fax) _____</p> <p>E-mail Address: _____</p>
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Collection & Use Disclosure Statement

In accordance with Section 485 of the Municipal Government Act, the personal information collected on this form will only be used and/or disclosed if necessary, for the purpose of processing this Access to Information Application. If you have any questions about the collection and use of this information, please contact Halifax Water’s Privacy Administrator at privacy@halifaxwater.ca