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Request to Withhold Information from the Public

Name of practitioner requesting exception: _____

Address of practitioner requesting exception: _____

Telephone number of practitioner requesting exception: _____

Facsimile number of practitioner requesting exception (optional - please provide only if you consent to receiving facsimiles from PEO on this matter): _____

Email address of practitioner requesting exception (optional – please provide only if you consent to receiving emails from PEO on this matter): _____

Identify the information about yourself that you are requesting be withheld from the public (e.g. home contact information, date of birth) in sufficient detail to enable an experienced employee of PEO, upon a reasonable effort, to identify the information:

Which of the following reasons apply to your request (check off all that apply):

- The public disclosure of the information could place my safety in jeopardy. (An example would be where you are being stalked by another person.)
- The information relates to choosing me as a practitioner (e.g. degree, institution granting the degree) and there is no reasonable likelihood that the information will be needed by the public (e.g. you are permanently retired).¹
- The information can reasonably be misused and there is no reasonable likelihood that the information will be needed by the public (e.g. I am employed in industry providing services primarily to my employer).

¹ These points may change depending on what option is selected.

