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Enforcement Hotline: 416 224 9528 Ext. 1444

Request for Access to Practitioner Information

Name of person requesting information: _____

Address of person requesting information: _____

Telephone number of person requesting information:

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

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

Identity of the practitioner about whom you want information: (e.g. full name, location, company/firm he or she works for):

Describe the information about the practitioner that you are requesting (e.g. type of licence, work address, awards received) in sufficient detail to enable an experienced employee of PEO, upon a reasonable effort, to identify the information:

What are your reasons for requesting this information (e.g. to communicate with him or her about services he or she has provided, to consider hiring him or her, to consider practitioner for an award)?



Declaration:

If given the above information, I promise to use it only for the reasons given above. I also promise not to sell or otherwise disclose the information to others.

Date: _____

Signature: _____