

**THIRD PARTY AUTHORIZATION**

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**Maintenance Enforcement Program** Telephone: 204-945-7133  
100-352 Donald St Winnipeg, MB R3B 2H8 Facsimile : 204-945-5449  
ManitobaMEPinquiries@gov.mb.ca Toll free in Canada: 1-866-479-2717

MEP File No.: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE No.: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\*Providing your email address authorizes MEP to communicate with you and send documents etc. by email until you cancel this authorization.

I authorize the following person to receive information about my MEP file as an authorized representative:

\_\_\_\_\_  
Name of person authorized to receive information on  
my MEP file

\_\_\_\_\_  
Secret word(s) - Please select a word or phrase that the  
third party will use to prove their identify when they contact  
the MEP

\_\_\_\_\_  
Relationship to me (sibling, parent, lawyer, spouse,  
friend or other)

I understand that by signing and submitting this form:

1. I must provide my MEP file number and the secret word or phrase I wrote above to the third party so MEP can verify their identity when they contact MEP about my file. To protect my privacy, the authorized representative and I should not share this secret word or phrase with anyone else.
2. MEP will treat the authorized representative as though they are acting on my behalf. This includes providing information about my file to the authorized representative, and reviewing requests and information received from the authorized representative.
3. MEP will **not** accept the authorized representative's signature on any MEP forms or requests to update my contact information.
4. It is my responsibility to contact MEP and terminate this authorization if for any reason I no longer want the person named above to access my MEP file information.
5. MEP has the right to terminate or restrict this authorization (e.g. abuse towards staff, repetitive inquiries about the same issue).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
PIN