

CALGARY CONFEDERATION CONSTITUENT CONSENT FORM

Date: _____

Full Legal Name: _____

Home Address: _____

City: _____ Postal Code: _____

Phone (Work): _____ Phone (Home): _____

Cellular: _____ Email: _____

Contact/Representative or supporting person(s)/organization (if applicable):

For Immigration Inquiries: Please provide all relevant information below as requested:

Client/Case File #: _____

Name of Applicant: _____

Date of Birth of Applicant: _(dd / mm/ yy)_____

Place of Birth of Applicant: _____

Consulate Location: _____

Date Application Filed: _(dd / mm/ yy)_____

Background: (Please provide a brief description of the issue – when it started, what’s been done to resolve it – e.g. other parties that have been working on it):

Supporting Documentation: (Please provide any documents – not originals – Mr. Webber may need to resolve this issue – e.g. letters, notices, case info. etc.) List documents here:

Desired Outcome/Required Resolution: (Please let Mr. Webber know what you want him to do about this issue.): _____

Critical Dates or Pending situation we should be aware of as a result of issue, if applicable: (e.g. deportation date, hearing date):

Permission to Investigate: I hereby authorize Mr. Webber, M.P. for Calgary Confederation, and his staff, to inquire about and receive information on my behalf, concerning this application.

Signature _____

Name (printed) _____

Please do not type in your name in the signature line. Without a proper signature an inquiry cannot be made.

Please return this form by mail, email or fax to the address below and we will begin investigation.

Thank you!

Mail: 2020-10th Street NW, Calgary, AB, T2M 3M2

Email: Len.Webber.C1@parl.gc.ca

For Office Use & Information

Date Received: _____ Actioned by: _____