

CALGARY CONFEDERATION CONSENT FORM

Date: _____

Name: _____

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:

Client Number (UCI): _____

Application #: _____

Full Name of Applicant: _____

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

Place of Birth of Applicant: _____

Passport Number: _____

Country that issued Passport: _____

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 solve 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 related to the issue, if applicable:
(e.g. deportation date, hearing date):

Permission to Investigate: I hereby authorize Len 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. Thank you!

2020 – 10 St. NW
Calgary, AB T2M 3M2 (no postage required)
Email: Len.Webber.C1A@parl.gc.ca
Fax: 403-299-8024

Office Information

Date Received: _____

Actioned by: _____
