

AUTHORIZATION & WAIVER

To Whom It May Concern:

I, _____, hereby authorize anyone with information with respect to my telephone call to, and telephone conversation with, Brydges Duty Counsel at approximately _____ a.m./p.m. on the _____ day of _____, 20____, from the police station located in _____, in connection with the charge of _____, to disclose this information to my lawyer(s):

A faxed copy of this authorization shall be of the same effect as the original.

Dated at _____, in the Province of British Columbia, this _____ day of _____, 20____.

Witness: _____) Signed: _____
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Send to:

Dinning Hunter, Lambert and Jackson
1192 Fort Street
Victoria, BC V8V 3K8

Fax: 250-386-2123

Attn: Brydges Counsel Services