



**Working together on Tourism issues in
North Western Ontario**

NWOTA/KDCA Working Group
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Release of Information Form

This form will be used by KDCA/NWOTA to follow up on your border incident. We will be giving this to our local Member of Parliament to follow up on the incident and report back to us on the operators behalf.

Name of Resort traveling to _____

Name First _____ Last _____

Address _____

Town/City _____ State _____ Zip Code _____

Telephone _____ Email _____

Date of Birth _____

Drivers License Number _____

Date at Border _____ Time of Day _____

Badge Number of Officer _____

Reason for the delay/issue _____

I am available to answer further questions. Yes ___ No ___

Signature _____