

Property Survey Access Consent Form

Port Hope Area Initiative It is important that the PHAI has your current contact information on file so we can 115 Toronto Road communicate with you as the work progresses. Port Hope, Ontario, L1A 3S4 As more property owners move away from land-based phone lines, please include Ph: (905) 885-0291 all cell phone numbers and updated email addresses. Fax: (905) 885-9344 **OFFICIAL USE ONLY** File #: Non Standard #: Site #: **Property Address** Street Name & Number: **Postal** Municipality: **Port Hope** Province: Ontario Code: **Phone Number:** Property Owner's Name(s): Cell Number: **Email Address:** Property Owner Mailing Address (if different from above) Street Name & Number: Municipality: Postal Province: Code: Please check at least 1 box on ALL 4 lines. ☐ I am (we are) NOT the Property Owner(s). 1. ☐ I am (we are) the Property Owner(s). 2. ☐ I (we) live at the property ☐ This is a business property ☐ Renters live at this property 3. □ N/A ☐ I have ensured all residents and/or tenants are aware of this Consent Form. ☐ I am acting on behalf of the Property Owner with the Owner's permission attached in writing. I allow access to the property by CNL personnel or by authorized persons working on behalf of CNL for the purpose of conducting surveys and detailed investigations for the identification of contaminants associated with historic low-level radioactive waste that may exceed the Port Hope Area Initiative clean-up criteria. Such investigations may entail drilling exterior boreholes, collection of soil samples, interior/exterior contamination surveys and interior radon gas sample collection. CNL will leave the property in the same state as it was prior to the survey, to the extent practicable. Arrangements for access will be made verbally and in advance of any on-site investigations. If the survey reveals the presence of low-level radioactive waste exceeding the Port Hope Area Initiative clean-up criteria, any cleanup by CNL would be the subject of a separate agreement. If the survey reveals the presence or potential presence of other chemical substances exceeding relevant environmental standards, you will be notified of such information. I acknowledge that all information collected as part of the surveys/investigations will be the property of CNL and may be shared with its contractors and consultants for the purposes of carrying out the PHAI Port Hope Project. Secondary Owner's Name (Printed): Primary Owner's Name (Printed): Signature: Signature: Date: Date: CNL Representative (Printed): Signature: Personal information collected on this form is protected under the federal Privacy Act and will be used to administer the Port Hope Radiological Survey Program including to allow access to your property for the purpose of conducting surveys and investigations. Failure to provide the information may have an impact on the Property Resurvey project status. Please contact the Port Hope Area Initiative Management Office or the Coordinator, Access to Information and Privacy at AECL http://www.aecl.ca/en/home/access-to-information-and-privacy-acts/default.ass

in the event you would like access to your personal information. Full details regarding this collection of information are available at Info Source http

by referring to "Institute-Specific Personal Information Bank AECL PPU 007.