# INDICATOR DISPOSED REQUEST FORM

**RETURN by email at info@canadaid.ca or fax to 403-275-1668**
or by mail to **7646 – 8 Street, N.E. Calgary, Alberta T2E 8X4**

**CLTS Account ID#** | A | | | | | | | | **DATE** _____

CLTS Account Name _____

Business/Farm Address _____ Premises Identification _____
PO BOX SITE RR

_____
STREET

_____
CITY PROV/TERR POSTAL CODE

Main Telephone _____ Fax _____

Email _____

| INDICATOR NUMBER | DATE | INDICATOR NUMBER | DATE |
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Internal Use Only

CCIA REP: _____ Legal Counsel: _____ CG Ticket ID: _____

Date Received: _____ Date Approved: _____ Date Closed: _____

By submitting this form, **I certify**, to the best of my knowledge and ability, that the information provided on this form is complete, true and correct. **I consent** to the use and disclosure of the information provided on this form by Canadian Cattle Identification Agency for the purposes indicated on this form; to update my Canadian Livestock Tracking System database account; to contact me to either confirm the information I have provided; for follow up; and/or for regulatory reporting required under Part XV of the *Health of Animals Regulations* (C.R.C., c.296) or reporting to the relevant authorities; where required. **I acknowledge** that any other information provided, unless disclosed in the manner and for the purposes to which I have consented above, will be subject to the confidentiality and disclosure provisions of applicable privacy legislation.