AUTHORIZATION TO CONTACT MUNICIPALITY ERP VENDOR

TO: DYE & DURHAM CORPORATION

This Authorization authorizes Dye & Durham Corporation and its representatives to communicate directly with the Municipality's Enterprise Resource Planning (ERP) Vendor regarding matters related to municipal systems, applications, services, support, implementation, maintenance, troubleshooting, data inquiries, and other related operational or project activities.

1. MUNICIPALITY INFORMATION

Municipality Name: _____

2. ERP VENDOR INFORMATION

Name of ERP Vendor: _____

3. AUTHORIZATION

The Municipality hereby authorizes the ERP Vendor identified above to communicate and share information with the authorized representative(s) designated by the Municipality, as reasonably necessary to support the purposes described in this Authorization.

The Municipality acknowledges that this Authorization does not grant ownership rights to any municipal data and does not permit the disclosure of information that is restricted by applicable laws, regulations, contractual obligations, or municipal policies.

4. CONFIDENTIALITY

All parties acknowledge that any confidential, proprietary, or sensitive information disclosed pursuant to this Authorization shall be treated as confidential and used solely for the purposes described herein.

The authorized representative(s) and the ERP Vendor shall:

- Protect confidential information from unauthorized access, use, or disclosure.
- Use confidential information only for purposes related to supporting the Municipality.
- Comply with all applicable privacy, confidentiality, and records management requirements.
- Promptly notify the Municipality of any unauthorized access to or disclosure of confidential information, to the extent required by applicable law or contract.

Nothing in this Authorization requires the disclosure of information that is restricted by law, subject to privilege, or otherwise protected from disclosure.

5. EFFECTIVE DATE AND TERM

This Authorization becomes effective upon execution by the Municipality and shall remain in effect until revoked in writing by the Municipality or otherwise terminated in accordance with applicable agreements.

6. MUNICIPALITY AUTHORIZATION

I certify that I am authorized to execute this Authorization on behalf of the Municipality identified above.

Signature: _____

Name: _____

Title: _____

Date: _____