

REQUEST FOR ACCESS TO RECORDS

You may make a request for access to records without using this form, provided you do so in writing. Personal information contained on this form is collected under the **Freedom of Information and Protection of Privacy Act** and will be used only for the purpose of responding to your request. There may be a cost associated with this request.

YOUR NAME			
LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS. <input type="checkbox"/> OTHER: _____
YOUR ADDRESS			
STREET, APARTMENT NO., P.O. BOX, R.R. NO.	CITY/TOWN	PROVINCE/TERRITORY	POSTAL CODE
YOUR CONTACT INFORMATION			
DAY PHONE NO. ()	ALTERNATE PHONE NO. ()	E-MAIL ADDRESS	
DETAILS OF REQUESTED INFORMATION			
INFORMATION REQUESTED (PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST IN THE REQUEST PROCESS. ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT.)		PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S), IF KNOWN	
ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PLEASE ATTACH, AS APPROPRIATE: A) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR B) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF			
PREFERRED METHOD OF ACCESS TO RECORDS <input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE		DATE SIGNED (YYYY MM DD)
FOR PUBLIC BODY USE ONLY			
REQUEST NO.	REQUEST CATEGORY <input type="checkbox"/> ACCESS TO GENERAL INFORMATION <input type="checkbox"/> ACCESS TO PERSONAL INFORMATION		
REQUEST CODE	DATE RECEIVED (YYYY MM DD)	FOI HEAD/COORDINATOR SIGNATURE	