



## 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 _____
COMPANY / ORGANIZATION NAME			
YOUR ADDRESS			
Street, Apt.#, PO Box, RR No.	City/Town	Prov./Terr.	Postal Code
YOUR TELEPHONE / FAX NO.(s) (incl. area code)			
Day phone (     )	Email Address	Day Fax No. (     )	
DETAILS OF REQUESTED INFORMATION			
Please describe the records you are requesting. Be as specific as possible, as this will assist the Request process. Attach a separate sheet, if the space below is not sufficient.		Please specify any Ref # or File #, 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: YY/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 Rec'd YY/MM/DD	FOI Head/Coordinator Signature	