***Request for Access to Records***

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 |  Mr. Mrs.  Miss Ms  Other \_\_\_\_\_\_\_\_\_\_ |
| **Your Address** |
| Street, Apt.#, PO Box, RR No. | City/Town | Prov./Terr. | Postal Code |
| **Your Telephone / EMAIL/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? YES NOIf so, please attach, as appropriate: 1. That person’s signed consent for disclosure, or
2. Proof of authority to act on that person’s behalf
 |
| Preferred method of access to records: Examine Original Receive Copy | Your signature | Date signed: YY/MM/DD |
| **FOR PUBLIC BODY USE ONLY** |
| Request No. | Request Category: ACCESS TO GENERAL INFORMATION ACCESS TO PERSONAL INFORMATION |
| Request Code | Date Rec’d YY/MM/DD | FOI Head/Coordinator Signature |

You may make a request for access to records without using this form, provided you do so in writing.