A picture containing logo

Description automatically generated***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 NO  If 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.