

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.

Name (first/last):	Mr. Mrs. Miss Ms		
Address:		Other	
City:	Province:	Postal:	
Email:	_ Day Ph:	Cell:	

Details of Requested Information:

Please describe the records you are requesting. Be as specific as possible and specify any reference or file numbers if known, as this will assist the request process. Attach a separate sheet if the space below is not sufficient.

Are you requesting access to another person's personal information? YES NO

If so, please attach, either 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: Examine original Receive a copy

Signature of Applicant

Date

For Office Use Only			
Request No.	Request Category:		
	□ ACCESS TO GENERAL INFORMATION □ ACCESS TO PERSONAL INFORMATION		
Request Code	Date Received (YY/MM/DD)	FOI Head/Coordinator Signature	