



# FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

## REQUEST FOR ACCESS TO RECORDS

<p><b>For internal use only</b>          FOI File No. _____          Date received by FOI Head/          Coordinator _____</p>
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YOUR NAME			
Last Name	First Name	Middle Name	Optional <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Other _____

YOUR ADDRESS			
Street, Apartment No., PO Box, RR#	City/Town	Province/Country	Postal Code

YOUR CONTACT INFORMATION			
Day Phone No.	Alternate Phone No.	Day Fax No.	Email

**DETAILS OF REQUESTED RECORDS**

*The Freedom of Information and Protection of Privacy Act can only be used to request copies of recorded information, not to pose questions to be responded to. Please phrase your request accordingly and describe the records you are requesting. Be as specific as possible, including the date or time frame, file number, reference number, legal description, or civic address, if applicable, 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 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	YOUR SIGNATURE	DATE SIGNED		
<input type="checkbox"/> Examine original <input type="checkbox"/> Receive copy <ul style="list-style-type: none"> <li>• Print copy (\$0.25/page)</li> <li>• PDF copy (\$0.10/page)</li> </ul>		YYYY	MONTH	DAY

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.