

Request for Access to Records

Under the Freedom of Information and Protection of Privacy Act

APPLICANT'S INFORMATION

NAME:

ADDRESS:

POSTAL CODE:

CITY:

PROVINCE

COUNTRY:

TELEPHONE:

FAX:

DETAILS OF REQUESTED INFORMATION

Please be as specific as possible about the record(s) you are requesting – attach a separate sheet if necessary.)

File/Reference Number (if known):

Details:

How do you wish to receive the information? Please check one of the following:

Examine the original(s) ☐

Receive a hard copy ☐

Receive an electronic copy ☐ Email address:

If this is a request to access another person's personal information, you must attach either a signed consent form for disclosure for the person(s) involved OR proof of authority to act on that person's behalf.

Signature of Applicant

Date

*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.*

For Office Use Only

Date Received:

☐ Access to General Information

Received By:

☐ Access to Personal Information