

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY  
REQUEST FOR ACCESS TO RECORDS**

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

YOUR NAME			
Last Name	First Name	Middle Name	Other _____
YOUR ADDRESS			
Street, Apt.#, PO Box, RR No.	City/Town	Prov./Terr.	Postal Code
YOUR CONTACT INFORMATION			
Day Phone No.	Alternate Phone No.	Email Address	
DETAILS OF REQUESTED INFORMATION			
<b>INFORMATION REQUESTED</b> (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	
<p>Are you requesting access to another person's personal information?    YES    NO</p> <p>If so, please attach, as appropriate:</p> <p>a) That person's signed consent for disclosure, or</p> <p>b) Proof of authority to act on that person's behalf</p>			
Preferred method of access to records: Examine Original: Receive Copy:	Your signature	Date signed: (YYYY/MMM/DD)	
FOR PUBLIC BODY USE ONLY			
Request No.	<b>Request Category:</b> ACCESS TO GENERAL INFORMATION _____ ACCESS TO PERSONAL INFORMATION _____		
Request Code	Date Rec'd (YYYY/MMM/DD)	FOI Head/Coordinator Signature	

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.