



FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACCESS TO RECORDS REQUEST FORM

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ Email: _____

Please specify any reference of file number(s), if known: _____

DETAILS OF RECORDS REQUESTED:

Please describe the records you are requesting. Be as specific as possible as this will assist completing your request. Include the date or time frame for the records if applicable. (Attach a separate page if more space is required.)

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.

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

If Yes, please attach:

- a) That person's signed consent for disclosure
- b) Proof of authority to act on that person's behalf.

Signature of person making request

A non-refundable application fee of \$10.00 is required for all formal FOI requests. Your request will not be processed until payment is received. Depending on the size and complexity of the request additional processing fees may apply to formal FOI requests as per the Freedom of Information & Protection of Privacy Act. There are no application fees or processing fees for personal information requests.

For Office Use Only

| | |
|----------------|----------------------------|
| Date Received: | Application Fee Receipt #: |
| File #: | |