



District of 100 Mile House

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY REGULATION REQUEST FOR INFORMATION

DATE: _____

NAME:

ADDRESS:

PHONE:

EMAIL:

INFORMATION REQUESTED:
(use back of this page if more space is required)

Signature of person making request

FEES:

An applicant making a request shall pay to the District of 100 Mile House the fees set out in schedule of fees in the *Freedom of Information and Protection of Privacy Act and Regulation* for the purposes of:

- a) locating, retrieving and producing a record; \$ _____
- b) preparing a record for disclosure; \$ _____
- c) shipping and handling a record; and \$ _____
- d) providing a copy of a record. \$ _____

TOTAL FEE: \$ _____

Request taken by: _____