

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. There may be a cost associated with this request.

YOUR NAME			
Last Name	First Name	Middle Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____
YOUR ADDRESS			
Street, Apt.#, PO Box, RR No.	City/Town	Prov./Terr.	Postal Code
YOUR TELEPHONE / FAX NO.(s) (incl. area code)			
Day phone ()	Email Address ()	Day Fax No. ()	
DETAILS OF REQUESTED INFORMATION			
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.	
Are you requesting access to another person's personal information? <input type="checkbox"/> YES <input type="checkbox"/> 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: <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Your signature		Date signed: YY/MM/DD
FOR PUBLIC BODY USE ONLY			
Request No.	Request Category: <input type="checkbox"/> ACCESS TO GENERAL INFORMATION <input type="checkbox"/> ACCESS TO PERSONAL INFORMATION		
Request Code	Date Rec'd YY/MM/DD	FOI Head/Coordinator Signature	