

DISTRICT OF NORTH SAANICH

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



APPLICANT'S INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ COUNTRY: _____ POSTAL CODE: _____

PHONE NUMBER(S): _____ FAX NUMBER(S): _____

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: _____

Do you wish to examine the original document(s) or receive a copy of requested document(s)?

If this is a request to access another person(s) personal information please attach:

- a) A signed consent form for disclosure for the person(s) involved, **or**
- b) 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