



CVRD

LEGISLATIVE SERVICES

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

NAME			
LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL: Miss <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Mr. <input type="radio"/> Other: _____
MAILING ADDRESS			
STREET, APARTMENT NO., P.O. BOX, RR #	CITY / TOWN	PROVINCE / COUNTRY	POSTAL CODE
CONTACT NUMBER(S)			
DAYTIME PHONE # ()	ALTERNATE PHONE # ()	DAYTIME FAX # ()	
DETAILS OF REQUESTED INFORMATION			
PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST THE PROCESS. ATTACH A SEPARATE SHEET IF THIS SPACE IS NOT SUFFICIENT. PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S), IF KNOWN.			
IF YOU ARE REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION, PLEASE ATTACH EITHER:			
<ul style="list-style-type: none"> • THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR • PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF. 			
PREFERRED METHOD OF ACCESS TO RECORDS:	YOUR SIGNATURE:		DATE SIGNED:
<input type="radio"/> EXAMINE ORIGINAL <input type="radio"/> RECEIVE COPY			_____
year / month / day			
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 " <i>FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT</i> ", AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.			