

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO INFORMATION

Request No.: _____

This is a request for: *(please check one)*

- General Information My own personal information
 Personal Information for another person *(Attach original proof to act for the person)*

FROM: _____

Which Public Body are you asking for information? *(Please fill in name of department, Agency, Board or Commission)*

APPLICANT

Mr. Ms. Mrs. Miss Last Name _____ First Name _____

Company name (if applicable) _____

Mailing Address _____ City or Town _____ Province _____ Postal Code _____

Telephone (Home) _____ Telephone (Work) _____ Fax/E-Mail Address _____

INFORMATION REQUESTED

- I would like to receive a copy of the original record I would like to examine the original record
 I will pick up the information when ready I would like the information mailed to me

Please describe in as much detail as you can, the information or records to which you want access.

If you want access to personal information, be sure to provide all the person's previous names.

Please itemize, if more than one type of Document

1.
2.
3.

If you need more space, please use the back of this form

I certify the information I have provided is true and correct to my knowledge:

Applicant's Signature: _____ **Date:** _____

Personal information contained on this form is collected under the **Freedom of Information and Protection of Privacy Act**, and will be used to respond to your request.

A fee may be charged for providing the information requested. **FEE CHARGED \$_____**

For Public Body use only

DATE RECEIVED: _____ Approved Refused Rejected

Signature: _____

Applicants Signature: _____ Date: _____

For Information Received *(or double registered mail receipt attached hereto)*