



**CITY OF DAWSON CREEK
FREEDOM OF INFORMATION
AND PROTECTION OF PRIVACY**

REQUEST FOR ACCESS TO RECORDS

NAME		
LAST NAME:	FIRST NAME:	MIDDLE NAME:
ADDRESS		
STREET, APT. NO., PO BOX:	CITY/TOWN	PROVINCE & POSTAL CODE
CONTACT NUMBER (S)		
DAYTIME PHONE #: ()	ALTERNATE PHONE #: ()	DAYTIME FAX #: ()

DETAILS OF REQUESTED INFORMATION

The *Freedom of Information and Protection of Privacy Act* can only be used to request copies of recorded information, not to pose questions to be responded to. Please phrase your request accordingly and carefully describe the records you are requesting. Include the date or time frame for the records if applicable. Be as specific as possible as this will assist the process. Please also specify any reference or file number(s), if known. Attach a separate sheet if this space is not sufficient.

Signature: _____ Date: _____

IF YOU ARE REQUESTING ACCESS TO ANOTHER PERSON’S PERSONAL INFORMATION, PLEASE ATTACH EITHER:

- THAT PERSON’S SIGNED CONSENT FOR DISCLOSURE OR
- PROOF OF AUTHORITY TO ACT ON THAT PERSON’S BEHALF

PREFERRED METHOD OF ACCESS TO RECORDS: **EXAMINE ORIGINAL** **OR** **RECEIVE COPY**

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 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

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 RECEIVED (YY/MM/DD)	FOI HEAD / COORDINATOR SIGNATURE: