



**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 #:<br>(     ) | ALTERNATE PHONE #:<br>(     ) | DAYTIME FAX #:<br>(     ) |

**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.

**FOR PUBLIC BODY USE ONLY**

|                            |  |                     |
|----------------------------|--|---------------------|
| FOI REQUEST NO:            | REQUEST CATEGORY:  |                     |
|                            | <input type="checkbox"/> ACCESS TO GENERAL INFORMATION <input type="checkbox"/> ACCESS TO PERSONAL INFORMATION |                     |
| RECORDS MANAGEMENT FILE #: | DATE RECEIVED (YY/MM/DD)   | FOI HEAD SIGNATURE: |
|                            |  |                     |