



BRITISH COLUMBIA

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

ARCS NO. 292-30/ 292-40/

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST

Empty box for public body name

YOUR NAME

Form with fields for LAST NAME, FIRST NAME, MIDDLE NAME, and optional titles (MISS, MS, MRS., MR., OTHER).

YOUR ADDRESS

Form with fields for STREET, APARTMENT NO., P.O. BOX, R.R. NO., CITY / TOWN, PROVINCE / COUNTRY, and POSTAL CODE.

YOUR TELEPHONE / FAX NUMBER(S)

Form with fields for DAY PHONE NO., ALTERNATE PHONE NO., and DAY FAX NO., each with a () placeholder.

DETAILS OF REQUESTED INFORMATION

Main text area for 'INFORMATION REQUESTED' with instructions and a sub-section for 'PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S), IF KNOWN'.

Form asking 'ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION?' with YES/NO options and sub-questions a) and b).

Form with fields for 'PREFERRED METHOD OF ACCESS TO RECORDS' (EXAMINE ORIGINAL, RECEIVE COPY), 'YOUR SIGNATURE', and 'DATE SIGNED'.

FOR PUBLIC BODY USE ONLY

Form with 'REQUEST NO.' and 'REQUEST CATEGORY' (ACCESS TO GENERAL INFORMATION, ACCESS TO PERSONAL INFORMATION).

Form with fields for 'REQUEST CODE', 'DATE RECEIVED', and 'NAME OF PUBLIC BODY RECEIVING REQUEST'.

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.