



Request for Access to Records

Personal information on this form is collected under British Columbia's *Freedom of Information and Protection of Privacy Act* and will be used to respond to your request.

About you	
First name	Last name
Business/Organization name (if applicable)	

Choose at least ONE form of contact.

Phone number	Email		
Address	City	Province	Postal Code

About your request

Are you requesting access to another person's personal information?

If you are requesting information on behalf of another person, you must provide either: Yes No

- Proof of authority to act on that persons behalf, OR
- That person's signed and informed consent

Description of records requested

Be as specific as possible. When possible, include: keywords, file types, file numbers, categories of records to exclude. Attach a separate sheet if the space below is not sufficient.

Time frame. For greater clarity, please provide the date range of the records.

From Date:

To Date:

Preferred method of access

- Examine original
- Receive electronic copy
- Receive paper copy

Your signature

Date Signed