



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/State	Country	Postal/ZIP Code

About your request

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

☐ Yes ☐ No

If you are requesting information on behalf of another person, you must provide either:

- Proof of authority to act on that person's 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