Request for Access to Records

penticton.ca

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

NAME		
Last Name	First Name	Middle Name

ADDRESS		
Street, Apartment Number, PO Box	City/Town, Province	Postal Code

CONTACT NUMBER (S)		
Daytime Phone Number: ( )	Alternate Phone Number: ( )	Email Address:

DETAILS OF REQUESTED INFORMATION

PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST THE PROCESS. ATTACH A SEPARATE SHEET IF THIS SPACE IS NOT SUFFICIENT. **PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S), IF KNOWN.**

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:	YOUR SIGNATURE:	DATE SIGNED:
◯ EXAMINE ORIGINAL ◯ RECEIVE PAPER COPY ◯ RECEIVE ELECTRONIC 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 OF IFORMATION AND PROTECTION OF PRIVACY ACT*", AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOU REQUEST.

City of Penticton
Corporate Officer, Head, Freedom of Information and Protection of Privacy
171 Main Street, Penticton BC V2A 5A9

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