



**FREEDOM OF INFORMATION AND
PROTECTION OF PRIVACY**

REQUEST FOR ACCESS TO RECORDS

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST			
<input type="checkbox"/> The District of Tumbler Ridge			
YOUR NAME			
Last Name	First Name	Middle Name	
YOUR ADDRESS			
Street, PO Box, RR No.	City/Town	Province/Country	Postal Code
YOUR TELEPHONE/FAX NUMBER(S)			
Day Phone No. ()	Alternate Phone No. ()	Day Fax No. ()	
DETAILS OF REQUESTED INFORMATION			
<p>Information requested. Please describe the records you are requesting. Be as specific as possible, as this will assist the request process. Attach a separate sheet if the space below is not sufficient. Please specify any reference or file number(s), if known.</p>			
<p>Are you requesting access to another person's personal information? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If so, please attach, as appropriate:</p> <p>a) That person's signed consent for disclosure, or</p> <p>b) Proof of authority to act on that person's behalf.</p>			
Preferred method of Access to Records	Your signature	Date Signed YR	MO DAY
FOR PUBLIC BODY USE ONLY			
Date received:	Request Information Category <input type="checkbox"/> Access to General Information <input type="checkbox"/> Access to Personal		
Name of Public Body Receiving Request:			
<p>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 <i>Freedom of Information and Protection of Privacy Act</i> and will be used only for the purpose of responding to your request.</p>			