



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

Personal information collected on this form is collected under the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request.

## SECTION A

LAST NAME

FIRST NAME

### Review Original

You may request to review the original record. Once the records have been located, a time will be scheduled for you to review the original record.

### Receive a Copy

You may request a copy of the record. The District of Kitimat will make reasonable efforts to provide a copy in the format requested. A fee may be charged in respect of this request pursuant to FOIPPA.

I would like (select one):

- To examine original record (please complete section C)
- A hard copy of the record (please complete section C). I will pick up the record when available.
- A hard copy of the record. Please mail the record to me (please complete section B and C)
- An electronic copy of the record. (Please complete section C)

## SECTION B

MAILING ADDRESS

CITY / TOWN

PROVINCE / COUNTRY

POSTAL CODE

## SECTION C

PHONE NO.

EMAIL

## DETAILS OF REQUESTED INFORMATION

The *Freedom of Information and Protection of Privacy Act* can only be used to request copies of recorded information, not to pose questions to be responded to. Please phrase your request accordingly and describe the records you are requesting. Be as specific as possible, including the date or time frame, file number, reference number, legal description, or civic address, if applicable, as this will assist the request process.

ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION:  YES  NO

If so, please attach, as appropriate:

- a. The person's signed consent for disclosure, OR
- b. Proof of Authority to act on that person's behalf.

YOUR SIGNATURE

DATE SIGNED