



REQUEST FOR ACCESS TO RECORDS

Under the *Freedom of Information and Protection of Privacy Act* to the
District of Kitimat for access to records.

3.10.4 _____

APPLICANT'S CONTACT INFORMATION			
LAST NAME		FIRST NAME	
COMPANY NAME <i>(if applicable)</i>			
STREET, APARTMENT, NO., PO BOX, RR NO.	CITY/TOWN	PROVINCE/COUNTRY	POSTCAL CODE
EMAIL ADDRESS			
TELEPHONE NO. ()			

Personal information contained on this form (above) is collected under Section 26(c) of the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of responding to your request.

REQUESTED RECORDS							
<p><i>Please describe and include the date range of the records you are requesting. Be as specific as possible, as this will help us identify and locate the records. Attach a separate sheet if the space below is not sufficient.</i></p> 							
<p>Are you requesting access to another person's personal information? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please attach:</p> <p style="margin-left: 20px;">a) Persons signed consent for disclosure or;</p> <p style="margin-left: 20px;">b) Proof of authority to act on that person's behalf.</p> <p>If requesting property information, are you the property owner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please attach:</p> <p style="margin-left: 20px;">a) Persons signed consent to disclosure or;</p> <p style="margin-left: 20px;">b) Proof of authority to act on that person's behalf.</p>							
<p>Preferred method of access to records (choose one)</p> <p><input type="checkbox"/> Email <input type="checkbox"/> Receive by mail</p> <p><input type="checkbox"/> Pick up <input type="checkbox"/> Examine</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;">Applicant Signature</td> <td style="width: 40%;">Date Signed</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Owner's Signature</td> <td>YYYY MM DD</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Applicant Signature	Date Signed	Owner's Signature	YYYY MM DD		
Applicant Signature	Date Signed						
Owner's Signature	YYYY MM DD						
<p>After signature, you may submit this form by email to: administration@kitimat.ca</p>							

OFFICE USE ONLY	
Received by:	Date Received:
<p>Request Category:</p> <p><input type="checkbox"/> Access to General Information <input type="checkbox"/> Access to Personal Information</p>	
FOI Head/Coordinator Signature:	

270 City Centre Kitimat, BC V8C 2H2 PH: 250-632-8900 www.kitimat.ca