



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

YOUR NAME

LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other:
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YOUR ADDRESS

STREET / APARTMENT NO. / P.O. BOX / R.R NO.	CITY / TOWN	PROVINCE / COUNTRY	POSTAL CODE
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YOUR TELEPHONE / FAX NUMBER(S)

PHONE NO. ()	EMAIL	FAX NO. ()
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DETAILS OF REQUESTED INFORMATION

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
FILE NUMBER(S) IF KNOWN.

_____.

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.

PREFERRED METHOD OF ACCES TO RECORDS <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	YOUR SIGNATURE	DATE SIGNED YEAR / MONTH / DAY
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FOR DISTRICT OF KITIMAT USE ONLY

REQUEST NO.	REQUEST CATEGORY <input type="checkbox"/> Access to General Information <input type="checkbox"/> Access to Personal Information
DATE RECEIVED	NAME OF PERSON RECEIVING REQUEST

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 INFORMATION AND PROTECTION OF PRIVACY ACT* AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.