KITIMAT
A Marvel of Nature and Industry

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

YOUR NAME

LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL
			☐ Miss ☐ Ms. ☐ Mr. ☐ Mrs. ☐ Other:

YOUR ADDRESS

STREET / APARTMENT NO. / P.O. BOX / R.R NO.	CITY / TOWN	PROVINCE / COUNTRY	POSTAL CODE

YOUR TELEPHONE / FAX NUMBER(S)

PHONE NO.	EMAIL	FAX NO.
( )		( )

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	YOUR SIGNATURE	DATE SIGNED
☐ Examine Original ☐ Receive Copy		YEAR / MONTH / DAY

FOR DISTRICT OF KITIMAT USE ONLY

REQUEST NO.	REQUEST CATEGORY ☐ Access to General Information ☐ 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 PRICACY ACT* AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.