

FREEDOM OF INFORMATION AND
PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST			
<i>City of New Westminster</i>			
YOUR NAME			
LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> MISS <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> MR.
YOUR ADDRESS			
STREET, APT NO., P.O. BOX	CITY/TOWN	PROVINCE	POSTAL CODE
YOUR TELEPHONE/FAX NUMBER(S)			
DAY PHONE NO.	ALTERNATE PHONE NO.	DAY 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 OR FILE NUMBER(S), IF KNOWN	
<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 SIGNED ACCESS TO RECORDS: DAY	YOUR SIGNATURE	DATE YR MO	
<input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY			
FOR PUBLIC BODY USE ONLY			
REQUEST NO.	REQUEST CODE	REQUEST <input type="checkbox"/> ACCESS TO <u>GENERAL</u> INFORMATION CATEGORY <input type="checkbox"/> ACCESS TO <u>PERSONAL</u> INFORMATION _____	
DATE RECEIVED YR MO DAY	NAME OF PUBLIC BODY RECEIVING REQUEST <i>City of New Westminster</i>		
<p>YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM., PROVIDED YOU DO SO IN WRITING.</p> <p>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>			