

City of New Westminster
Freedom of Information and Protection of Privacy

Request for Access to Records

You may make a request for access to records without using this form, provided you do so in writing. Personal information contained in 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. There may be a cost associated with this request.

YOUR NAME

Last Name:	First Name:	Middle Name:	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss. Other: _____
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YOUR ADDRESS

Street, Apt. #, PO Box, RR No.:	City / Town:	Prov/Ter.:	Postal Code:
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YOUR TELEPHONE / FAX NO.(s) (incl. area code)

Day Time Phone Number:	E-mail Address:	Day Time Fax Number:
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DETAILS OF REQUESTED INFORMATION

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 Ref# or File #, if known:

Are you requesting access to another person's personal information? Yes No

If so, please attach, as appropriate: (a) That person's signed consent for disclosure or
(b) Proof of authority to act on that person's behalf

Preferred Record Access Method Examine Original <input type="radio"/> Receive Copy <input type="radio"/>	Your Signature:	Date Signed:
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FOR PUBLIC BODY USE ONLY

Request Number: Request Category: ACCESS TO GENERAL INFORMATION
ACCESS TO PERSONAL INFORMATION

Request Code:	Date Rec'd yy/mm/dd:	FOI Head / Coordinator Signature:
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