





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

Are you requesting access to another person's personal information?  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.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Preferred Method of Access to Records  <input type="checkbox"/> Examine original <input type="checkbox"/> Receive hard copy <input type="checkbox"/> Receive digital copy	
SIGNATURE	DATE SIGNED (YYYYMMDD)

FOR PUBLIC BODY USE ONLY		
REQUEST NO.	REQUEST CATEGORY <input type="checkbox"/> ACCESS TO GENERAL INFORMATION	
REQUEST CODE	DATE RECEIVED (YYYYMMDD)	NAME OF PUBLIC OFFICIAL RECEIVING REQUEST
<b>PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND WILL ONLY BE USED FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.</b>		