



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

COMPLETE THIS FORM, PRINT, SIGN AND SUBMIT BY MAIL
ATTENTION: L. Daur, Freedom of Information Head
301 St. Ann's Road, Campbell River, BC V9W 4C7
Phone: 250-286-5700
Email: FOIPPA@campbellriver.ca

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST CITY OF CAMPBELL RIVER		
YOUR NAME		
LAST NAME	FIRST NAME	MIDDLE NAME

YOUR ADDRESS			
STREET, APARTMENT NO, PO BOX, RR#	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE

YOUR TELEPHONE/FAX NUMBER(S)		
DAY PHONE NO.	ALTERNATE PHONE NO.	EMAIL

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.)



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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
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.		