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

COMPLETE THIS FORM, PRINT, SIGN AND SUBMIT BY MAIL
ATTENTION: 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
RECORDS 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 BELOWIS NOT SUFFICIENT.

SPECIFIC DATE RANGE OF REQUESTED INFORMATION: DD/MMM/YYYY - DD/MMM/YYYY

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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.)	☐ YES ☐ NO
Preferred Method of Access to Records ☐ Examine original ☐ Receive hard copy ☐ Receive digital copy	
SIGNATURE	DATE SIGNED (YYYYMMDD)

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.

SUBMIT: