


Appendix 3

Freedom of Information Request Form

 BRITISH COLUMBIA		FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY		ARCS NO. 292-30/ 292-40/	
REQUEST FOR ACCESS TO RECORDS					
NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST					
YOUR NAME					
LAST NAME	FIRST NAME	MIDDLE NAME	Sex	<input type="checkbox"/> MISS	<input type="checkbox"/> MR
			<input type="checkbox"/> MRS.	<input type="checkbox"/> MR.	<input type="checkbox"/> OTHER
YOUR ADDRESS					
STREET, APARTMENT NO., P.O. BOX, R.R. NO.		CITY/TOWN	PROVINCE / COUNTRY	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	
ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> 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 METHOD OF ACCESS TO RECORDS <input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE			DATE SIGNED (YYYY MM DD)	
FOR PUBLIC BODY USE ONLY					
REQUEST NO.	REQUEST CATEGORY		<input type="checkbox"/> ACCESS TO GENERAL INFORMATION (ARCS 292-30)	<input type="checkbox"/> ACCESS TO PERSONAL INFORMATION (ARCS 292-40)	
REQUEST CODE	DATE RECEIVED (YYYY MM DD)	NAME OF PUBLIC BODY RECEIVING REQUEST			
YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING. PERSONAL INFORMATION CONTAINED ON 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.					