

# VILLAGE OF PORT ALICE REQUEST FOR INFORMATION



REQUEST FOR  
INFORMATION

## YOUR CONTACT INFORMATION

|   |             |              |                               |                                |                              |
|---|-------------|--------------|-------------------------------|--------------------------------|------------------------------|
| Last Name:  | First Name: | Middle Name: | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms    | <input type="checkbox"/> Mrs |
|   |             |              | <input type="checkbox"/> Mr.  | <input type="checkbox"/> Other |                              |
| Mailing address:  |             |              |                               |                                |                              |
| Day Phone Number:   |             |              | Alternate Phone Number:       |                                |                              |
| Company or organization you are submitting this request on behalf of (if applicable): |             |              |                               |                                |                              |

## DETAILS OF REQUESTED INFORMATION

Please describe the information you are requesting. To assist us in gathering all the relevant information in a timely basis be as specific as possible as this will assist the request process and specify any reference or file numbers, if known. Attach a separate sheet if the space below is not sufficient.:

Your Signature

Date Signed:

Year                  Month                  Day

**DELIVER TO:** Village of Port Alice Municipal Office:

P.O. Box 130  
1061 Marine Drive  
Port Alice BC V0N 2N0  
[Email: Info@portalice.ca](mailto:Info@portalice.ca)