



# VILLAGE OF PORT ALICE

## REQUEST FOR ACCESS TO RECORDS

### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

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									
<p>Please describe the records you are requesting. To assist us in gathering all the relevant records on 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.:</p> <hr style="border-top: 1px dashed black;"/>									
<b>Preferred Method of Access to Records</b> <input type="checkbox"/> Book appointment to view originals <input type="checkbox"/> Receive copies	<b>Your Signature</b>  	<b>Date Signed:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; height: 20px;"></td> <td style="width: 33%; border-right: 1px solid black; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Year</td> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> </tr> </table>					Year	Month	Day
Year	Month	Day							
<p>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.</p> <p style="text-align: right; font-size: small;"><i>MIN. No 321/10</i></p>									

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

**P.O. Box 130  
 1061 Marine Drive  
 Port Alice BC V0N 2N0  
 Fax: (250) 284-3416**