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:	☐ Miss ☐ Ms ☐ Mrs ☐ Mr. ☐ 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 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.:

Preferred Method of Access to Records	Your Signature	Date Signed:
☐ Book appointment to view originals ☐ Receive copies		Year Month Day

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. *MIN. No 321/10*

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

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

FOI:01/07/2010