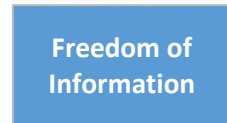


VILLAGE OF PORT ALICE
Request for Access to Records
 Freedom of Information and
 Protection of Privacy



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

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 <input type="checkbox"/> Book appointment to view originals <input type="checkbox"/> Receive copies	Your Signature 	Date Signed: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%; height: 20px;"></td> <td style="border: 1px solid black; width: 33%; height: 20px;"></td> <td style="border: 1px solid black; 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						

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**