

CONTACT INFORMATION (please print)

Full Name:	Phone:
Organization (if applicable):	Fax:
Street Address:	Email:
Mailing Address:	City:
Postal Code:	Province:

DETAILS OF REQUESTED INFORMATION

Please describe the records you are requesting. Be as specific as possible, as this will assist with the process. Please include reference number or file number, if known. Attach a separate sheet or use the reverse of this page if the space below is not sufficient.

METHOD OF ACCESS TO RECORD (please circle one)

Examine Original

Receive Copy (25¢/page)

SIGNATURE

Date: _____

If you are requesting access to another person's personal information, please attach that person's signed consent for disclosure or proof of authority to act on that person's behalf.

OFFICE USE ONLY

Date Received:	Response Due Date:	Request Number:
Category: <input type="checkbox"/> Access to General Information	Approved: (FOI Coordinator Signature)	
<input type="checkbox"/> Access to Personal Information		

Personal information you provide on this form is collected pursuant to Section 26 of the *Freedom of Information and Protection of Privacy Act* and will only be used for the purpose of processing this application. Your personal information will not be released except in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of your personal information may be referred to the Corporate Services Coordinator by email: duncan@duncan.ca or phone: 250-746-6126.