

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY



REQUEST FOR ACCESS TO RECORDS

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST						
YOUR NAME						
LAST NAME	FIRST NAME	MIC	DDLE NAME	OPTIONAL	MISS MS MRS. MR. OTHER:	
YOUR ADDRESS						
STREET, APARTMENT NO., P.O. BOX, R.R. NO. CITY/TOWN PROVINCE / COUNTRY POSTAL CODE						
YOUR CONTACT INFORMATION						
DAY PHONE NO.	ALTERNATE PHONE NO.			E-MAIL ADDRESS		
()	()				
DETAILS OF REQUESTED INFORMATION						
INFORMATION REQUESTED (PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST THE REQUEST PROCESS. ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT.) PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S), IF KNOWN						
(IF SO, PLEASE ATTACH, A a) THAT PERSON'S SIGNE	CCESS TO ANOTHER PERSO S APPROPRIATE: D CONSENT FOR DISCLOSU TO ACT ON THAT PERSON' YOUR SIGNATURE	JRE, OR	MATION?	YES NO	DATE SIGNED (YYYY MMM DD)	
RECEIVE COPY						
FOR PUBLIC BODY USE ONLY						
REQUEST O. REQUEST CATEGORY ACCESS TO GENERAL INFORMATION (ARCS 292-30/) ACCESS TO PERSONAL INFORMATION (ARCS 292-40/)						
REQUEST CODE	DATE RECEIVED (YYYY MMM D	D) NAME OF P	PUBLIC BODY RECEIVI	NG REQUEST		
BIRTHDATE AND CORRECT PERSONAL INFORMATION	TFOR ACCESS TO RECORD TIONS SERVICE NO. ARE RE CONTAINED ON THIS FORM FOR THE PURPOSE OF RESP	QUIRED TO VERIFY THE IS COLLECTED UNDER	E INDIVIDUAL REQU THE <i>FREEDOM OF</i>	UESTING THE INFORMA		

ARCS NO.