

# Access Request Freedom of Information & Protection of Privacy Act (FOIPPA)

You may make a request for access to records without using this form, provided you do so in writing. Personal information 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. There may be a cost associated with this request.

### APPLICANT INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Mr. Mrs.  
Miss. Ms.  
Other: \_\_\_\_\_

Your Address: (Street, Apt #, Box, RR No) \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov./Terr.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Day Fax No: \_\_\_\_\_

### DETAILS OF REQUESTED INFORMATION:

**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 Ref No or File No if known: \_\_\_\_\_

Are you requesting access to another person's personal information?  Yes  No  
If yes, please attach, as appropriate: a) That person's signed consent for disclosure, or  
b) Proof of authority to act on that person's behalf

### METHOD OF ACCESS:

Please indicate how you wish to access records:  Examine original  
 Receive Copy

Your Signature: \_\_\_\_\_ Date Signed: (YY/MM/DD): \_\_\_\_\_

Office Use Only	File No.:	Request Category:	
	Request Code:	<input type="checkbox"/> Access to General Information	<input type="checkbox"/> Access to Personal Information
		Date Received: (YY/MM/DD)	FOI Coordinator Signature: