



**FREEDOM OF INFORMATION AND
PROTECTION OF PRIVACY**

District of Hope
Request for Access to Records

YOUR NAME				
Last Name:		First Name:		Middle Name:
YOUR ADDRESS				
Street/Apartment No./P.O. Box:		City/Town:	Province/Country:	Postal Code:
YOUR CONTACT INFORMATION				
Phone Number: () _____		Email Address: _____		Please specify any reference or file number(s), if known: _____
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.)				
Are you requesting access to another person's personal information? If so, please attach as appropriate: a) That person's signed consent for disclosure b) Proof of authority to act on that person's behalf				<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Method of Access to Records: <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy		Your Signature 		Date Signed Year Month Day
A non-refundable application fee of \$10.00 is required for all formal FOI requests. Your request will not be processed until payment is received. Depending on the size and complexity of the request, additional processing fees may apply to formal FOI requests. There are no application fees or processing fees for personal information requests.				
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 <i>Freedom of Information and Protection of Privacy Act</i> and will be used only for the purpose of responding to your request.				