District of Fort St. James
Request for Access to Records Form

Last Name: _____ First Name: _____

Middle Name: _____ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other ☐

Address: _____ City/Town: _____

Province/Country: _____ Postal Code: _____

Phone: _____ Fax Number: _____ Day phone #: _____

Alternate Phone #: _____ Email: _____

Details of Requested Information

Please describe the records you are requesting and be as specific as possible. You may attach a separate sheet if necessary.

Are you requesting access to another person's personal information? *If so, please attach, as appropriate:*

A. That person's signed consent for disclosure; or

B. Proof of authority to act on that person's behalf

Preferred method of access to records:

Examine original: ☐ Receive copy: ☐

_____ _____

Your signature Date signed *(Year/month/day)*

You may make a request for access to records without using this form, provided you do so in writing.

Please complete this form and submit it to the attention of:
Corporate Officer
477 Stuart Drive West, PO Box 640, Fort St. James, V0J 1P0
Phone: 250-996-8233 Fax: 250-996-2248
email: corporate@fortstjames.ca

Date Received

The personal information collected on this form is collected in accordance with the *Freedom of Information and Protection of Privacy Act (the 'Act')*. The District has authority to collect your information for the purposes of administering the FOI process in accordance with Section 5 of the Act. Should you have any questions or concerns about the collection of your personal information please contact the Corporate Officer by following the contact information listed above.