

ACCESS TO RECORDS REQUEST FORM

CONTACT INFORMATION

Last Name:			
First Name:			
Mailing Address:			
Daytime Phone:		Fax:	
Email:			

For Office Use Only

File #:
Date Received:

DESCRIPTION OF RECORDS

The *Freedom of Information and Protection of Privacy Act* can only be used to request copies of recorded information, not to pose questions to be responded to. Please phrase your request accordingly. Include the date or time frame for the records if applicable and be as specific as possible. This will assist us in responding to your request.

REQUEST

Are you requesting access to another person's personal information?

Yes

No

If Yes, please attach either that person's signed consent for disclosure or Proof of Authority to act on the person's behalf.

Signature

Date

Please Note that requests may be subject to a charge and the Act allows for 30 business days for the District to respond to your request, although we will endeavour to respond sooner when possible.

The personal information on this form is collected by the District of Fort St. James for the purposes of processing this application, under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of information please contact the Corporate Officer at corporate@fortstjames.ca.