



# REQUEST FOR ACCESS TO INFORMATION

*Access to information and Protection of Privacy Act*

This is a request for

General information

My own personal information

Personal information for another person  
(Attach proof of authority to act for the person)

Which public Body are you asking for information? (Please fill in name of department, Agency, Board or Commission)

### APPLICANT

Mr.  Mrs.  Ms.  Miss

Last Name

First name

Company Name (if applicable)

Mailing Address

City or Town

Province/Territory

Postal Code

Telephone (home)

Telephone (work)

Fax

### WHAT INFORMATION ARE YOU REQUESTING?

I would like to receive a copy of the original record

I would like to examine the original record

Please describe the information to which you want access in as much detail as you can. If you want access to personal information, be sure to provide all of the names of the person concerned. If you need more space, use an additional sheet.

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Personal information contained on this form is collected under the Access to Information and Protection of Privacy Act, and will be used to respond to your request. A fee may be charged for providing the information requested.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

### FOR PUBLIC BODY USE ONLY

Date Received

Request Number and Comments

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