



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

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Miss <input type="checkbox"/>	Last Name	First name
Company Name (if applicable)		
Mailing Address		
City or Town	Province/Territory	Postal Code
Telephone (home)	Telephone (work)	Fax
If you would like to receive correspondence via <u>email</u> please provide it below:		

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(s) concerned. If you need more space, use an additional sheet.

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: _____.