FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

City of Chilliwack
Request for Access to Records

YOUR NAME			
Last Name:	**First Name:**	**Middle Name:**	**Optional:** ☐ Miss. ☐ Ms. ☐ Mrs. ☐ Mr.

YOUR ADDRESS			
Street/Apartment No./P.O. Box:	**City/Town:**	**Province/Country:**	**Postal Code:**

YOUR TELEPHONE/FAX NUMBERS		
Day Phone Number: ( ) _____	**Alternate Phone Number:** ( ) _____	**Fax Number:** ( ) _____

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.)

Please specify any reference or file number(s), if known: _____

Are you requesting access to another person's personal information? ☐ **Yes** ☐ **No**

If so, please attach as appropriate:

a) That person's signed consent for disclosure, or
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. Personal information contained on this form is collected under the *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of responding to your request.