

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

City of Chilliwack Request for Access to Records

YOUR NAME							
Last Name:	First Name:		Non-Refundable \$10.00 Application Fee to be paid at time of Submission				
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YOUR ADDRESS							
Street/Apartment No./P.O. Box:		City/Town:		Province/Country:		Postal Code:	
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YOUR TELEPHONE/FAX NUMBERS Day Phone Number: Alternate Phone Number: Email Address							
Day Phone Number:		Alternate Phone Number:		Email Ad	Email Address		
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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							
TC							
If so, please attach as app a) That person's signed of	-	diadaguna an					
a) That person's signedb) Proof of authority to a		,					
Preferred Method of	Your Sign	nature	L	Date Signed			
Access to Records:							
Examine Original	Evamine Original		Ye		Month	Day	
Receive Copy							
	<u> </u>				<u>l</u>		
You may make a request	for access	to records without i	using th	is form, provi	ided vou d	lo so in writing.	
Personal information contained on this form is collected under the Freedom of Information and							
Protection of Privacy Act							