FREEDOM OF INFORMATION AND
PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

NAME OF PUBLIC BODY TO WHCH YOU ARE DIRECTING YOUR REQUEST

FRASER VALLEY REGIONAL DISTRICT

YOUR NAME

LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL	☐ MISS ☐ MS ☐ MRS ☐ MR ☐ OTHER:_____

YOUR ADDRESS

STREET, APARTMENT NO., P.0. BOX, R.R.NO.	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE

YOUR CONTACT NUMBER(S)

DAY PHONE NO.	ALTERNATE PHONE NO.	DAY FAX NO.	E-MAIL ADDRESS
( )	( )	( )	

DETAILS OF REQUESTED INFORMATION

PLEASE SPECIFY AND 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

b) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.)

PREFERRED METHOD OF ACCESS TO RECORDS	YOUR SIGNATURE	DATE SIGNED YR	MO	DAY
☐ EXAMINE ORIGINAL ☐ RECEIVE COPY				

FOR PUBLIC BODY USE ONLY

REQUEST NO.	REQUEST CATEGORY:	ACCESS TO GENERAL INFORMATION ☐	ACCESS TO PERSONAL INFORMATION ☐
REQUEST CODE	DATE RECEIVED YR / MO / DAY	NAME OF PUBLIC BODY RECEIVING REQUEST	**FRASER VALLEY REGIONAL DISTRICT**

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.

The Head of the Public Body must respond not later than 30 days after a request is received, unless the time limit is extended or the request is transferred to another public body.