FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

Please return to FOI- Fax no: (250) 763-0606

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST			
Regional District of Central Okanagan			
YOUR NAME			
LAST NAME	FIRST NAME	MIDDLE NAME	☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Other:

YOUR ADDRESS			
STREET, APARTMENT No, PO BOX, RR NO.	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE

YOUR TELEPHONE / FAX NUMBER (S)		
DAY PHONE NO.	ALTERNATE PHONE NO.	DAY FAX NO.

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? (if so, please attach as appropriate. a) That persons signed consent for disclosure, or b) Proof of authority to act on that persons behalf)	☐ YES	☐ NO

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

FOR PUBLIC BODY USE ONLY

REQUEST NO.	REQUEST CATEGORY:	☐ ACCESS TO GENERAL INFORMATION	☐ ACCESS TO PERSONAL INFORMATION
REQUEST CODE	DATE RECEIVED	NAME OF PUBLIC BODY RECEIVING REQUEST	
	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 Protection of Privacy Act and will be used only for the purpose of responding to your request