



Making a difference...together

FOR CRD USE ONLY

Request No.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY REQUEST FOR ACCESS TO RECORDS

(Date Stamp Here)

YOUR NAME

LAST NAME

FIRST NAME

MIDDLE NAME

MISS MS MRS.
 MR. OTHER: _____

YOUR ADDRESS

STREET, APARTMENT NO., P.O. BOX, R.R.NO.

CITY/TOWN

PROVINCE/COUNTRY

POSTAL CODE

YOUR TELEPHONE NUMBER(S) AND EMAIL ADDRESS

DAY PHONE NO.

ALTERNATE PHONE NO.

E-MAIL

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), AND DEPARTMENT, 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.

REQUESTED INFORMATION TO BE:

YOUR SIGNATURE:

DATE SIGNED

- 1. VIEWED
- 2. PICKED UP
- 3. MAILED TO ABOVE ADDRESS

DD MM YY

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.

ENQUIRIES ABOUT THE COLLECTION OR USE OF THIS INFORMATION AND COMPLETED FORMS CAN BE DIRECTED TO THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY CONTACT:

Manager, Information Services
Capital Regional District
PO Box 1000, 625 Fisgard Street
Victoria, BC V8W 2S6

PHONE: (250) 360-3000