



FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

ARCS NO. 292-30/ 292-40/

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST
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YOUR NAME			
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LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> MRS. <input type="checkbox"/> MR. <input type="checkbox"/> OTHER : _____
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YOUR ADDRESS			
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STREET, APARTMENT NO., P.O. BOX, R.R. NO.	CITY / TOWN	PROVINCE / COUNTRY	POSTAL CODE
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YOUR CONTACT INFORMATION		
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DAY PHONE NO. ()	ALTERNATE PHONE NO. ()	E-MAIL ADDRESS
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DETAILS OF REQUESTED INFORMATION	
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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? <input type="checkbox"/> YES <input type="checkbox"/> 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.)
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PREFERRED METHOD OF ACCESS TO RECORDS <input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE	DATE SIGNED (YYYY MMM DD)
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FOR PUBLIC BODY USE ONLY	
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REQUEST NO.	REQUEST CATEGORY <input type="checkbox"/> ACCESS TO GENERAL INFORMATION (ARCS 292-30/) <input type="checkbox"/> ACCESS TO PERSONAL INFORMATION (ARCS 292-40/)
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REQUEST CODE	DATE RECEIVED (YYYY MMM DD)	NAME OF PUBLIC BODY RECEIVING REQUEST
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• 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.