

**REQUEST FOR ACCESS TO RECORDS  
UNDER THE FREEDOM OF INFORMATION AND  
PROTECTION OF PRIVACY ACT**

<b>IMPORTANT INFORMATION – PLEASE READ FIRST</b>			
1. This form <b>MUST</b> be completed in <b>FULL</b> . 2. If you are requesting information about yourself, we may require a copy of your government issued identification such a Driver's License. 3. Effective January 1, 2022 a non-refundable application fee of \$10 is required for all general FOI requests. Your request will not be processed until payment is received. Upon receipt of your request, you will receive a letter of acknowledgement with an invoice and instructions on how to proceed with fee payment. There are no fees for making an FOI request for your own personal information or for someone you have proof of authority or signed consent for disclosure. 4. Under the Freedom of Information and Protection of Privacy Act, we have thirty (30) business days, excluding weekends and holidays, to respond to your request. We process requests in the order that they are received.			
<b>YOUR NAME</b>			
Miss	Ms.	Mrs.	
Mr.	Other _____		
LAST NAME:	FIRST NAME:	MIDDLE NAME:	
COMPANY NAME (IF APPLICABLE):			
HAVE YOU EVER GONE BY ANOTHER NAME, IF SO, WHAT WAS THAT NAME?			
<b>YOUR ADDRESS</b>			
STREET, APARTMENT NO. P.O. BOX	CITY/TOWN:	PROVINCE/COUNTRY:	POSTAL CODE:
<b>YOUR TELEPHONE NUMBER(S)</b>			
DAY PHONE NO		ALTERNATE NO.	
<b>DETAILS OF REQUESTED INFORMATION</b>			
PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE SPECIFIC AS POSSIBLE TO ASSIST WITH THE REQUEST PROCESS. ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT.			
ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S INFORMATION?			
YES		NO	
<b>IF YES, PLEASE ATTACH:</b>			
(a) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE WITH A COPY OF GOVERNMENT ISSUED PHOTO ID OR			
(b) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF (E.G. POWER OF ATTORNEY)			
YOUR SIGNATURE:		DATE SIGNED:	