



CITY OF REVELSTOKE

Request for Access to Records

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. There may be a cost associated with this request.

YOUR NAME				
Last Name	First Name	Middle Name	Mr. Miss Other	Mrs. Ms
YOUR ADDRESS				
Street, Apt.#, PO Box, RR No.		City/Town	Prov./Terr.	Postal Code
YOUR TELEPHONE / FAX NO.(s) (incl. area code)				
Day phone		Email Address		Day Fax No.
DETAILS OF REQUESTED INFORMATION				
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 Ref # or File #, if known.
Are you requesting access to another person's personal information? If so, please attach, as appropriate:			YES	NO
(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: Examine Original Receive Copy		Your signature		Date signed: YY/MM/DD
FOR PUBLIC BODY USE ONLY				
Request No.	Request Category: ACCESS TO GENERAL INFORMATION		ACCESS TO PERSONAL INFORMATION	
Request Code	Date Rec'd YY/MM/DD		FOI Head/Coordinator Signature	