



District of Lantzville

REQUEST FOR ACCESS TO RECORDS

You may make a request for access to records without using this form, provided you do so in writing.
There may be a cost associated with this request.

YOUR NAME					
Last Name	First Name	Middle Name	Mr. Miss Other	Mrs. Ms.	Optional
YOUR ADDRESS					
Street, Apt.#, PO Box, RR No.	City/Town	Prov./Terr.	Postal Code		
YOUR CONTACT INFORMATION					
Day phone ()	Alternate Phone ()	Email Address			
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 REFERENCE OR FILE NUMBERS, IF KNOWN.	
Are you requesting access to another person's personal information? 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			YES	NO	
Preferred method of access to records: Examine Original Receive Copy	Your signature		Date signed: YY/MM/DD		
FOR DISTRICT USE ONLY					
Request Category: ACCESS TO GENERAL INFORMATION ACCESS TO PERSONAL INFORMATION			Request Number:		
Date Received YY/MM/DD	Received By:				

Personal information collected on this form, or provided with this form, is collected and protected in accordance with the *Freedom of Information and Privacy Act* and will only be used for the purposes of consideration of your request. Questions regarding the collection/use of this information should be directed to the Director of Corporate Administration at 250.933.8082.