



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? | | 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 | | | | | |
| Preferred method of access to records: Examine Original Receive Copy | Your signature | | Date signed: YY/MM/DD | | |
| FOR DISTRICT USE ONLY | | | | | |
| Request Category: | | | Request Number: | | |
| ACCESS TO GENERAL INFORMATION | | ACCESS TO PERSONAL INFORMATION | | | |
| 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.

District of Lantzville, 7192 Lantzville Road, PO Box 100, Lantzville, BC V0R 2H0 Email: district@lantzville.ca