

## Freedom of Information and Protection of Privacy Request for Access to Records

Name of Public Body to Which You Are Directing Your Request			
<b>COMOX VALLEY REGIONAL DISTRICT</b>			
Your Name			
Last Name	First Name	Middle Name	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Other _____
Your Address			
Street/Apartment No./P.O. Box/RR	City/Town	Province/Country	Postal Code
Your Telephone/Fax Numbers			
Day Phone No. ( )	Alternate Phone No. ( )	Fax No. or Email Address ( )	
Details of Requested Information			
Information requested. (Please describe the records you are requesting. Be as specific as possible, as this will assist the request process. Attach any supporting documentation. Attach a separate sheet if space below is not sufficient.)			
Are you making a request for correction on behalf of another person? <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.			
Preferred method of access to records:			
<input type="checkbox"/> Examine original			
<input type="checkbox"/> Receive hard copy			
<input type="checkbox"/> Receive pdf copy via email			
Your Signature _____ Date Signed _____			
Public Body Use Only			
Request No.: _____	Request Category: Access to General Information      Access to Personal Information <input type="checkbox"/> (Arcs 292-30/_____) <input type="checkbox"/> (Arcs 292-40/_____)		
Request Code: _____	Date Received: ____/____/____ Year      Month      Day	Name of Public Body Receiving Request: _____	
You may make a request for information without using this form provided it is in writing. Personal information contained on this form is collected under the Freedom of Information and Privacy Act and will be used only for the purpose of responding to your request.			