



# FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

## ACCESS REQUEST FOR RECORDS HELD BY THE CITY OF PORT COQUITLAM

YOUR NAME				
LAST NAME	FIRST NAME	MIDDLE NAME	O P T I O N A L	<input type="checkbox"/> MISS <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> MR.

YOUR ADDRESS			
STREET, APARTMENT NO., P.O. BOX, R.R. NO.	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE

YOUR TELEPHONE/FAX NUMBER(S)		
DAY PHONE NO. ( )	ALTERNATE PHONE NO. ( )	DAY FAX NO. ( )

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 A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT.	PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S) 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 <input type="checkbox"/> EXAMINE <input type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE	DATE SIGNED YR   MO   DAY
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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.

### FOR PUBLIC BODY USE ONLY

REQUEST NO.	DATE RECEIVED YR.   MO   DAY	NAME OF FOI CO-ORDINATOR
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### SUMMARY OF STAFF TIME SPENT ON REQUEST

FIRST THREE HOURS FREE, AFTER THREE, \$30.00/HOUR						
LOCATE RECORDS	REVIEW RECORDS	SEVER RECORDS	PREPARE RESPONSE PKG.	NAME(S)	DEPT/DIV	TOTAL HOURS SPENT
[ ]	[ ]	[ ]	[ ]	_____	_____	_____
[ ]	[ ]	[ ]	[ ]	_____	_____	_____
[ ]	[ ]	[ ]	[ ]	_____	_____	_____
[ ]	[ ]	[ ]	[ ]	_____	_____	_____
[ ]	[ ]	[ ]	[ ]	_____	_____	_____
[ ]	[ ]	[ ]	[ ]	_____	_____	_____