



## Freedom of Information Request for Access to Records

Personal information on this form is collected under section 26(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to respond to your request.

### Contact Information

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Province: \_\_\_\_\_  
\*Phone Number: \_\_\_\_\_ \*E-Mail Address: \_\_\_\_\_

### Your Request

\*What kind of records would you like to access?

- ☐ General Information    ☐ Your own Personal Information    ☐ Access to another person's personal information  
*Please attached either (a) that person's signed consent for disclosure, or (b) proof of authority to act on that person's behalf*

### \*Information Requested

Please describe the records you are requesting. Be as specific as possible, as this will assist the request process.

|                                                          |                                                           |
|----------------------------------------------------------|-----------------------------------------------------------|
|                                                          |                                                           |
| *Please specify the date range of the requested records: | Please specify any reference or file number(s), if known: |
|                                                          |                                                           |

### \*Access Preference

- ☐ Via email    ☐ Via mail    ☐ Pick up copy at City Hall    ☐ Examine original records

### Your Signature

|            |       |
|------------|-------|
| *Signature | *Date |
|------------|-------|

\*Indicates required information

### Submitting your Request

| By Mail or In Person                                                                                                                                                  | By Email                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| City of Port Coquitlam<br>Attn: Records and Privacy Advisor<br>2580 Shaughnessy Street<br>Port Coquitlam, BC<br>V3C 2A8                                               | legislativeservices@portcoquitlam.ca |
| Under the <i>Freedom of Information and Protection of Privacy Act</i> , the City has 30 business days to respond to your request.<br>Requests may be subject to fees. |                                      |