



# District of Lantzville

Incorporated June 2003

## *Request for Access to Records*

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. There may be a cost associated with this request.

YOUR NAME			
Last Name	First Name	Middle Name	Mr. Mrs. Miss Ms Other _____
YOUR ADDRESS			
Street, Apt.#, PO Box, RR No.	City/Town	Prov./Terr.	Postal Code
YOUR TELEPHONE / FAX NO.(s) (incl. area code)			
Day phone (    )	Email Address (    )	Day Fax No. (    )	
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 Ref # or File #, if known.
<p>Are you requesting access to another person's personal information? YES NO</p> <p>If so, please attach, as appropriate:</p> <p>a) That person's signed consent for disclosure, or</p> <p>b) Proof of authority to act on that person's behalf</p>			
Preferred method of access to records: Examine Original Receive Copy	Your signature		Date signed: YY/MM/DD
FOR PUBLIC BODY USE ONLY			
Request No.	Request Category: ACCESS TO GENERAL INFORMATION    ACCESS TO PERSONAL INFORMATION		
Request Code	Date Rec'd YY/MM/DD	FOI Head/Coordinator Signature	

Phone: (250) 390-4006 Fax: (250) 390-5188

Email: [district@lantzville.ca](mailto:district@lantzville.ca)

P.O. Box 100, 7192 Lantzville Road, Lantzville, B.C. V0R 2H0