



**FREEDOM OF INFORMATION AND  
PROTECTION OF PRIVACY**

**REQUEST FOR ACCESS TO RECORDS**

| YOUR NAME   |                     |   |  |
|---|---------------------|---|--|
| LAST NAME   | FIRST NAME          | MIDDLE NAME   | <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> MRS<br><input type="checkbox"/> MR. <input type="checkbox"/> OTHER: |
| YOUR ADDRESS  |                     |   |  |
| STREET, APARTMENT NO., BOX, R.R.,   | CITY/TOWN           | PROVINCE/COUNTRY                                    | POSTAL CODE  |
| YOUR CONTACT INFORMATION  |                     |   |  |
| DAY PHONE NO.   | ALTERNATE PHONE NO. | E-MAIL ADDRESS                                      |  |
| DETAILS OF REQUESTED INFORMATION  |                     |   |  |
| <b>INFORMATION REQUESTED:</b> 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.  |                     |   |  |
|   |                     |   |  |
| ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF SO, PLEASE ATTACH, AS APPROPRIATE: <ul style="list-style-type: none"> <li>a) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR</li> <li>b) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF</li> </ul> |                     |   |  |
| PREFERRED METHOD OF ACCESS TO THE RECORDS<br><br><input type="checkbox"/> EXAMINE ORIGINAL<br><br><input type="checkbox"/> RECEIVE COPY   | YOUR SIGNATURE      | DATE SIGNED (YYYY MMM DD)                           |  |
| FOR TOWN OF SMITHERS USE ONLY   |                     |   |  |
| DATE RECEIVED (YYY MMM DD)  |                     | NAME OF TOWN OF SMITHERS EMPLOYEE RECEIVING REQUEST |  |
| <ul style="list-style-type: none"> <li>• PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER THE <b>FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT</b> AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.</li> </ul>   |                     |   |  |