



Request for Access to Records

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 | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____ |
| YOUR ADDRESS | | | |
| Street, Apt.#, PO Box, RR No. | City/Town | Prov./Terr. | Postal 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: <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy | Your signature | | Date signed: YY/MM/DD |
| FOR DISTRICT OF MACKENZIE USE ONLY | | | |
| Request No. | Request Category: <input type="checkbox"/> ACCESS TO GENERAL INFORMATION <input type="checkbox"/> ACCESS TO PERSONAL INFORMATION | | |
| Date Rec'd | FOI Head/Coordinator Signature | | |