

## Access to Records Request Form

### Contact Information

Name/Title/Organization Name:	
Mailing Address:	
Daytime Phone:	Fax:
Email:	

*For Office Use Only:*

File Number:
Date Received:

### Description of Records

The Freedom of Information of Privacy Act can only be used to request copies of recorded information, not to pose questions to be responded to. Please phrase your request accordingly. Include the date or time frame for the records if applicable and be as specific as possible. This will assist us in responding to your request. Please also specify any reference or file number(s), if known. *(Attach additional information if necessary).*


### Request

Are you requesting access to another person's personal information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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If Yes: Attach either a) That person's signed consent for disclosure or b) Proof of Authority to act on the persons behalf.

Signature:	Date: (mm/dd/yyyy)

### Preferred Method to Access Records

<input type="checkbox"/>	Examine original at the City of Salmon Arm Office of the FOI Coordinator
<input type="checkbox"/>	Receive Copy – Pick up at the Office of the FOI Coordinator
<input type="checkbox"/>	Receive Copy – Pre-paid Mail

Note: Information will be released upon receipt of payment of applicable fees in accordance with the Fee for Service Bylaw No. 2498, as consolidated.