



FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

Date Received:
File:
OFFICE USE ONLY

TO: INFORMATION & PRIVACY COORDINATOR
Strathcona Regional District
Mail / Hand Delivery: 301 – 990 Cedar Street
Campbell River, BC V9W 7Z8
Confidential Fax: 250-830-6710
e-mail: administration@srd.ca

- 1. This is an application pursuant to the Freedom of Information and Protection of Privacy Act for access to:
a) general Information
b) applicant's own personal information
c) another person's personal information (attach signed consent form or other proof of authority to act for the person)

2. I am applying for access to the following records:
[Blank lines for record description]

Please describe the record(s) you are applying to access in as much detail as possible including event or action, date of record or the date or period to which it relates, the type of record (document, report, letter). If access to personal information is being requested, be sure to provide all names by which the individual may be identified. If you need more space, use an additional sheet of paper.

- 3. I would prefer to:
[] receive a copy of the original record* [] examine the original record*

*Note: A \$25.00 fee is required to accompany each application under 1(a). The fee may be fully or partially refunded depending on the results of the record search. Additional fees may also apply.

4. Applicant information:
Print Full Name: e-mail:
Mailing Address: Telephone: Home
Work
Cell
Date:
Signature of Applicant: Fax:

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.