

# REQUEST FOR ACCESS TO RECORDS

UNDER THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

APPLICANT'S INFORMATION		
NAME:		
ADDRESS:		POSTAL CODE:
CITY:	PROVINCE:	COUNTRY:
PHONE NUMBER(S):		FAX NUMBER:
DETAILS OF REQUESTED INFORMATION		
<i>(Please be as specific as possible about the record(s) you are requesting; attach a separate sheet if necessary.)</i>		
File/Reference Number (if known):		
Details:		
How do you wish to receive the information? Check one of the following:		
Examine the original(s):	Receive a hard copy:	
Receive an electronic copy:	Email address:	

Are you requesting access to another person's personal information?    Yes    No

(If so, please attach, as appropriate:

- a) that person's signed consent for disclosure, OR
- b) proof of authority to act on that person's behalf.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*You may make a request for access to records without using this form, provided you do so in writing.*

*The personal information on this form is collected under the general authority of the Community Charter and Freedom of Information & Protection of Privacy Act (FOIPPA) and is protected in accordance with FOIPPA. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected or for a use consistent with that purpose. If you have any questions about the use and collection of this information, contact the Corporate Officer at [foi@ladysmith.ca](mailto:foi@ladysmith.ca).*

*Please note that there is a \$10 application fee to begin the Access to Records Request process for General Information. Once this has been paid, the City will be able to proceed with your request. Payment can be made at City Hall by cash, debit, or a cheque can be mailed to 410 Esplanade, PO Box 220, V9G 1A2.*

For Office Use Only	
Date Received:	Access to General Information    Y/N
Received By:	Access to Personal Information    Y/N

