FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST

TOWN OF OSOYOOS

YOUR NAME

LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL
			☐ MISS ☐ MS ☐ MRS ☐ MR ☐ OTHER:

YOUR ADDRESS

STREET, APARTMENT NO., P.O. BOX	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE

YOUR TELEPHONE / FAX NUMBER(S)

DAY PHONE NO.	ALTERNATE PHONE NO.	DAY FAX NO.
( )	( )	( )

DETAILS OF REQUESTED INFORMATION

INFORMATION REQUESTED (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 REFERENCE OR FILE NUMBER(S), IF KNOWN

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 DISCLOSER, OR
b) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.)

PREFERRED METHOD OF ACCESS TO RECORDS	YOUR SIGNATURE	DATE SIGNED		
		YR.	MO.	DAY
☐ EXAMINE ORIGINAL ☐ RECEIVE COPY				

FOR PUBLIC BODY USE ONLY

REQUEST NO.	REQUEST CATEGORY ☐ ACCESS TO GENERAL INFORMATION ☐ ACCESS TO PERSONAL INFORMATION			
REQUEST CODE	DATE RECEIVED			NAME OF PUBLIC BODY RECEIVING REQUEST
	YR.	MO.	DAY	

YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING.

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER THE *FREEDOM OF INFORMATION AND PROTECTION ACT* AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.

A NON-REFUNDABLE APPLICATION FEE OF $10 IS REQUIRED FOR ALL GENERAL FOI REQUESTS.