

# ACCESS TO INFORMATION AND PROTECTION OF PRIVACY

## Request for Access to Information

**This is a request for:** *(Please check one)*

General information

My own personal information

Personal information for another person  
*(Attach proof of authority to act for the person)*

**Which Public Body are you asking for information?** *(Please fill in name of Department, Agency, Board or Commission)*

### Applicant

Mr.

Ms.

Last name

First Name

Mrs.

Miss

Company name *(if applicable)*

City or town

Province

Postal Code

Telephone (home)

Telephone (work)

Fax

### What information are you requesting?

I would like to receive a copy of the original record

I would like to examine the original record

**Please describe the information or records to which you want access in as much detail as you can.** *If you want access to personal information, be sure to provide all of the person's previous names. If you need more space, please use the back of this form*

**Applicant's signature**

**Date**

*Personal information contained on this form is collected under the Access to Information and Protection of Privacy Act, and will be used to respond to your request. A \$25.00 initial fee must accompany requests for general records.*

### For Public Body use only

Date received

Request number

Comments