



**FREEDOM OF INFORMATION AND  
PROTECTION OF PRIVACY**

**District of Hope  
Request for Access to Records**

**YOUR NAME**

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>

**YOUR ADDRESS**

<b>Street/Apartment No./P.O. Box:</b>	<b>City/Town:</b>	<b>Province/Country:</b>	<b>Postal Code:</b>

**YOUR CONTACT INFORMATION**

<b>Phone Number:</b> (     ) _____	<b>Email Address:</b> _____	<b>Please specify any reference or file number(s), if known:</b> _____
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**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.)**

<p><b>Are you requesting access to another person’s personal information?</b></p> <p><b>If so, please attach as appropriate:</b></p> <p style="padding-left: 20px;">a) That person’s signed consent for disclosure</p> <p style="padding-left: 20px;">b) Proof of authority to act on that person’s behalf</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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<p><b>Preferred Method of Access to Records:</b></p> <p><input type="checkbox"/> Examine Original</p> <p><input type="checkbox"/> Receive Copy</p>	<b>Your Signature</b>	<b>Date Signed</b>	<b>Year</b>	<b>Month</b>	<b>Day</b>

**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 of Privacy Act* and will be used only for the purpose of responding to your request.**