



FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT REQUEST FOR ACCESS TO RECORDS

325 Wallace Street
PO Box 609
Hope, BC V0X 1L0
Tel. (604) 869-5671

CONTACT INFORMATION

Applicant's Last Name:		First Name:	Email Address:	
Apt. / House / PO Box No.	Street		City / Town	Prov. / Postal Code
Daytime Tel. No.:	Alternate / Cell Phone No.		Fax No.	

DETAILS OF YOUR REQUEST

Note: Your request should be a request for **records**. Please provide sufficient information to allow us to process your request. Attach a separate sheet if insufficient space below.

Please list any reference / file numbers (if known)

I PREFER TO:

Examine Originals Pick up a copy Have records mailed

Your Signature:

Date Signed:

OFFICE USE ONLY: Date Received:

Request Number: