



# ACCESS TO RECORDS REQUEST

Freedom of Information and Protection of Privacy Act

**Name** (First and Last)

**Address** (Number, Street, City, Postal)

**E-Mail Address**

**Contact Phone Number** (Optional)

**What information are you requesting?**

Please describe what records you are requesting. If you need more space, please attach a separate sheet.

Are you requesting access to someone else's personal information?

- Yes**
- No**
- Don't Know**

**If you are requesting personal information, please attach:**

- a) That person's signed consent for disclosure, or
- b) Proof of authority to act on that person's behalf

**How would you like to Access the Records?**

**Examine Original**

**Receive Copy By:**

- E-mail**
- Mail**
- Pick Up**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit Your Request:** Please e-mail the form to [FOIPrivacy@cnv.org](mailto:FOIPrivacy@cnv.org). You can also mail or hand deliver the request form to City Hall, attention the City Clerk's Office: 141 West 14th Street, North Vancouver, BC, V7M 1H9.

The personal information contained in this form is collected under the *Freedom of Information and Protection of Privacy Act* and will only be used for the purposes of responding to your request.