



FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

**REQUEST FOR ACCESS TO RECORDS
CITY OF KAMLOOPS**

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST				
YOUR NAME				
LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL	<input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> MRS. <input type="checkbox"/> MR. <input type="checkbox"/> OTHER: _____
YOUR ADDRESS				
STREET, APARTMENT NO., PO BOX, RR#	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 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? <input type="checkbox"/> yes <input type="checkbox"/> no (If so, please attach, as appropriate: a) That person's signed consent for disclosure, or b) Proof of authority to act on that person's behalf.)				
PREFERRED METHOD OF ACCESS TO RECORDS <input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE _____		DATE SIGNED YR. MO. DAY _____ _____ _____	
FOR PUBLIC BODY USE ONLY				
REQUEST NO.	REQUEST CATEGORY		<input type="checkbox"/> ACCESS TO GENERAL INFORMATION <input type="checkbox"/> 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 <i>FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT</i> AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.				