Canada's Tournament Capital

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

YOUR NAME				
Last Name	First Name	Middle Name	Optional	☐Miss ☐Ms. ☐Mrs. ☐Mr. ☐Other _____

YOUR ADDRESS			
Street, Apartment No., PO Box, RR No.	City/Town	Province/Country	Postal Code

YOUR CONTACT INFORMATION			
Day Phone No.	Alternate Phone No.	Day Fax No.	Email

DETAILS OF REQUESTED RECORDS

The Freedom of Information and Protection of Privacy Act can only be used to request copies of recorded information, not to pose questions to be responded to. Please phrase your request accordingly and describe the records you are requesting. Be as specific as possible, including the date or time frame, file number, reference number, legal description, or civic address, if applicable, as this will assist the request process. Attach a separate sheet if the space below is not sufficient.

Are you requesting access to another person's personal information ☐Yes ☐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	YOUR SIGNATURE	DATE SIGNED		
		YYYY	MONTH	DAY
☐ Examine original ☐ Receive copy • Print copy ($0.25/page) • PDF copy ($0.10/page)				

You may make a request for access to records without using this form, provided you do so in writing.

Personal information is collected for the purposes of processing your request for records. The City of Kamloops is collecting this information under Section 26(c) of the Freedom of Information and Protection of Privacy Act. For questions regarding the collection of personal information on this form, please contact the Privacy Officer at 250-828-3455 or email foi@kamloops.ca.

Please submit your completed request form to foi@kamloops.ca.