

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

|   |  |   |   |
|---|--|---|---|
| <b>NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST</b>  |  |   |   |
| CITY OF VANCOUVER   |  |   |   |
| <b>YOUR NAME</b>  |  |   |   |
| LAST NAME   | FIRST NAME   | MIDDLE NAME   | OPTIONAL<br><input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> MRS.<br><input type="checkbox"/> MR. <input type="checkbox"/> OTHER: _____ |
| <b>YOUR ADDRESS</b>   |  |   |   |
| STREET, APARTMENT NO., P.O. BOX, R.R. NO.   | CITY / TOWN  | PROVINCE / COUNTRY  | POSTAL CODE   |
| <b>YOUR TELEPHONE / FAX NUMBER(S)</b>   |  |   |   |
| DAY PHONE NO.<br>(   )  | ALTERNATE PHONE NO.<br>(   )   | DAY FAX NO.<br>(   )  |   |
| <b>DETAILS OF REQUESTED INFORMATION</b>   |  |   |   |
| 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.   |  |   | 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<br>(IF SO, PLEASE ATTACH, AS APPROPRIATE:<br>a) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR<br>b) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.)                      |  |   |   |
| <b>PREFERRED METHOD OF ACCESS TO RECORDS</b><br><input type="checkbox"/> EXAMINE ORIGINAL<br><input type="checkbox"/> RECEIVE COPY  | <b>YOUR SIGNATURE</b>  |   | <b>DATE SIGNED</b><br>YR.   MO.   DAY<br>   |
| <b>FOR PUBLIC BODY USE ONLY</b>   |  |   |   |
| REQUEST NO.   | <b>REQUEST CATEGORY</b> <input type="checkbox"/> ACCESS TO GENERAL INFORMATION <input type="checkbox"/> ACCESS TO PERSONAL INFORMATION |   |   |
| REQUEST CODE  | <b>DATE RECEIVED</b><br>YR.   MO.   DAY<br>  | <b>NAME OF PUBLIC BODY RECEIVING REQUEST</b><br>CITY OF VANCOUVER |   |
| YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING.<br>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. |  |   |   |