

File No.: 04-1000-20-2020-653

December 16, 2020

s.22(1)

Dear s.22(1)

Re: **Request for Access to Records under the Freedom of Information and Protection of Privacy Act (the "Act")**

I am responding to your request of December 7, 2020 for:

Record of the plumber's report for the work performed at 2531 East Hastings Street on October 30, 2020.

All responsive records are attached. Some information in the records has been severed, (blacked out), under s.22(1) of the Act. You can read or download this section here: http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/96165_00.

Under section 52 of the Act you may ask the Information & Privacy Commissioner to review any matter related to the City's response to your request. The Act allows you 30 business days from the date you receive this notice to request a review by writing to: Office of the Information & Privacy Commissioner, info@oipc.bc.ca or by phoning 250-387-5629.

If you request a review, please provide the Commissioner's office with: 1) the request number assigned to your request (#04-1000-20-2020-653); 2) a copy of this letter; 3) a copy of your original request for information sent to the City of Vancouver; and 4) detailed reasons or grounds on which you are seeking the review.

Please do not hesitate to contact the Freedom of Information Office at foi@vancouver.ca if you have any questions.

Yours truly,

[Signature on file]

Barbara J. Van Fraassen, BA
Director, Access to Information & Privacy

Barbara.vanfraassen@vancouver.ca
453 W. 12th Avenue Vancouver BC V5Y 1V4

*If you have any questions, please email us at foi@vancouver.ca and we will respond to you as soon as possible. Or you can call the FOI Case Manager at 604.871.6584.

Encl.

:kt

Work Slip

SAP Charge #	Address & Location: 2531 E Hastings				ENTERED ECM		Responsible	
Work Order #	Work Order Activity						Created Date	
HS1245648	SR 1697548							
Group Project #	Problem	Sub Activity		Assigned To			Crew ID	
		SLB					D1315	
Work Order Comments:								
Reference #1							Billable?	
Reference #2								
Collection Agency		Collection Method			Zone		Beat	
Service Request #								
Contact Name				Contact Phone		Contact Type		
Asset Type	Asset ID #	B.U.N	Status	Asset Area	Map # (Facet)	District		
Comb.	157655				08			
Asset Details:								
Safety & Asset Notes:								
PM Sched.	Maint. Sched.	Due Date	Zone	Last Completed Work Order				
Crew Comments								
<p>Worked from c/o inside Block Age @ 12 FT (3.6m) NEAR 1/1 For Dishwasher PIPE IS CAST Has a dip in it. INTERNAL ISSUE. USED RR to main PIPE IS CLEAR Job completed</p>								
Work Completed Date:			Print Name: Ritter			Crew ID: D1315		

CONTACT: s.22(1)		PHONE: s.22(1)		INVOICE #: 52972																																																			
BILLING ADDRESS: 2531 E Hastings		DATE:		SIGNATURE: WITH <input type="checkbox"/> WITHOUT <input type="checkbox"/>																																																			
TIME STARTED: 1000PM		TIME END: 1200		Day After Cal																																																			
WORKED FROM		ADDITIONAL ACCESS LOCATION DETAILS		PRECONDITION WITH CCTV																																																			
INSIDE <input checked="" type="checkbox"/> OUTSIDE <input type="checkbox"/> TOILET <input type="checkbox"/> STACK <input type="checkbox"/> C/O <input type="checkbox"/> SUMP <input checked="" type="checkbox"/> D/U <input type="checkbox"/>		Additional details: _____ _____ _____ Distance from access location to main: 30 m		GOOD <input type="checkbox"/> FAIR <input checked="" type="checkbox"/> POOR <input checked="" type="checkbox"/> REQUIRE TO CLEAN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																																																			
DEFECT/BLOCKAGE		LOCATION OF DEFECT / BLOCKAGE		ASSET TYPE																																																			
ROOTS <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> GREASE <input type="checkbox"/> SOLIDS <input type="checkbox"/> DEBRIS <input type="checkbox"/> STRUCTURAL <input type="checkbox"/> OTHER/ UNKNOWN:		FROM ACCESS POINT INSIDE PL <input checked="" type="checkbox"/> M to 3.65 M AT PL <input type="checkbox"/> M OUTSIDE PL <input type="checkbox"/> M to _____ M NO BLOCKAGE <input type="checkbox"/> ADDITIONAL INFO:		SAN CONN <input type="checkbox"/> SAN MAIN <input type="checkbox"/> COMB CONN <input type="checkbox"/> COMB MAIN <input type="checkbox"/> STORM CONN <input type="checkbox"/> STORM MAIN <input type="checkbox"/> METRO MAIN <input type="checkbox"/>																																																			
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