

FREEDOM OF INFORMATION & PROTECTION OF PRIVACY Request for Access to Records

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 *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of responding to your request. Questions about the collection of your personal information may be referred to the Corporate Services Department at 250 726-7744 or info@ucluelet.ca. There may be a cost associated with this request.

YOUR NAME						
Last Name		First Name	N	Middle Name		☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms ☐ Other
YOUR ADDRESS						
Street, Apt.#, PO Box, RR No.	reet, Apt.#, PO Box, RR No.		City/Town		err.	Postal Code
YOUR TELEPHONE / FAX NO.(s) (incl. area code)						
Day phone	Er	nail Address	Day Fa		Day Fax No.	
()					()	
DETAILS OF REQUESTED INFORMATION						
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 Ref # or File #, if kinds the space sheet, if the space below is not sufficient.						ny Ref # or File #, if known.
Are you requesting access to ano		ersonal information	? □YES □	NO		
If so, please attach, as appropriate:						
☐ That person's signed consent for disclosure, or						
Proof of authority to act on that person's behalf						
Preferred method of access to records: Examine Original Receive Hard Copy Receive PDF Copy via Email	Your signature				Da	ate signed: YY/MM/DD
FOR PUBLIC BODY USE ONLY						
Request No.	Request Category:					
	☐ ACCESS TO GENERAL INFORMATION ☐ ACCESS TO PERSONAL INFORMATION					
Request Code	Date Rec'd YY	/MM/DD	Name of Public Body Receiving Request			

Deliver to: Manager of Corporate Services Address: District of Ucluelet

200 Main Street PO Box 999 Ucluelet, BC, VOR 3A0

Email: info@ucluelet.ca