CITY OF NANAIMO
THE HARBOUR CITY
LEGISLATIVE SERVICES DEPARTMENT

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

NAME			
LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL: Miss ☐ Mrs. ☐ Ms. ☐ Mr. ☐ Other: _____

ADDRESS			
STREET, APARTMENT NO., P.O. BOX, RR #	CITY / TOWN	PROVINCE / COUNTRY	POSTAL CODE

CONTACT NUMBER(S)		
DAYTIME PHONE # ( )	ALTERNATE PHONE # ( )	DAYTIME FAX # ( )

DETAILS OF REQUESTED INFORMATION

PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST THE PROCESS. ATTACH A SEPARATE SHEET IF THIS SPACE IS NOT SUFFICIENT. **PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S), IF KNOWN.**

IF YOU ARE REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION, PLEASE ATTACH EITHER:

- THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR
- PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.

PREFERRED METHOD OF ACCESS TO RECORDS:	YOUR SIGNATURE:	DATE SIGNED:
☐ EXAMINE ORIGINAL ☐ RECEIVE COPY		_____ year / month / 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 "*FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT",* AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.

FOR OFFICE USE ONLY

REQUEST NO.:	DATE RECEIVED (YYYY-MMM-DD):

Legislative Services Department
455 Wallace Street, Nanaimo, BC V9R 5J6

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Fax: 250-755-4435
legislativeservices.office@nanaimo.ca