



# VILLAGE OF BELCARRA

"Between Forest and Sea"

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## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

### ACCESS TO RECORDS REQUEST FORM

YOUR CONTACT INFORMATION		
LAST NAME	FIRST NAME	COMPANY NAME
STREET, APT. NO., P.O. BOX	CITY/TOWN	PROVINCE POSTAL CODE
PHONE NUMBER	ALTERNATE PHONE NUMBER	FAX NUMBER
DETAILS OF REQUESTED INFORMATION		
<p><b>NOTE:</b> IN ORDER TO ASSIST THE REQUEST PROCESS, PLEASE BE AS SPECIFIC AS POSSIBLE. ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT.</p>		
<p><b>ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION?</b>      <b>YES</b>      <b>NO</b></p> <p><i>PERSONAL INFORMATION INCLUDES ALL RECORDED INFORMATION ABOUT AN IDENTIFIABLE PERSON (name, address, phone number, gender, age, race, financial and employment histories, etc).</i></p> <p><b>IF SO, PLEASE ATTACH EITHER</b>  <b>A) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR</b>  <b>B) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF</b></p> <p><i>According to the Freedom of Information and Protection of Privacy Act, Section 7 (1), the head of the public body must respond not later than 30 days (business days) after receiving a request.</i></p>		
YOU PREFER TO: Select One EXAMINE ORIGINAL RECEIVE COPY	YOUR SIGNATURE	DATE SIGNED (YY/MM/DD)
<p>YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING.</p> <p>PERSONAL INFORMATION CONTAINED IN 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.</p>		
DATE RECEIVED (YY/MM/DD)	DEPARTMENT AND NAME OF EMPLOYEE RECEIVING REQUEST	