

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/VILLAGE	PROVINCE POSTAL CODE
PHONE NUMBER	ALTERNATE PHONE NUMBER	EMAIL ADDRESS
DE	ETAILS OF REQUESTED INFORMATION	DN
NOTE: IN ORDER TO ASSIST THE REQUES THE SPACE BELOW IS NOT SUFFIC	T PROCESS, PLEASE BE AS SPECIFIC AS POS IENT	SSIBLE. ATTACH A SEPARATE SHEET IF
PERSONAL INFORMATION INCLUDE phone number, gender, age, race, final IF SO, PLEASE ATTACHED EITHER A) THAT PERSON'S SIGNED CONSIB) PROOF OF AUTHORITY TO ACT	ENT FOR DISCLOSURE OR ON THAT PERSON'S BEHALF rotection of Privacy Act, Section 7(1), the head of	
YOU PREFER TO: Select One	YOUR SIGNATURE	DATE SIGNED (YY/MM/DD)
☐ EXAMINE ORIGINAL		
□ RECEIVE COPY		
The Village of Belcarra is collecting personal information information collected on this form is collected for the p	TO RECORDS WITHOUT USING THIS FORM, P on in accordance with Section 26 (c) of the Freedom of Interpretation and Proton, use and disclosure of this information can be directed to be 604-937-4100 or email foi@belcarra.ca	oformation and Protection of Privacy Act. The personal ection of Privacy Act access to records request and for
DATE RECEIVED (YY/MM/DD):		FILE NO.:
DEPARTMENT AND NAME OF EMPLOYEE RECEIVING REQUEST:		