



FREEDOM OF INFORMATION
AND PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

FOI No.

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST

THE DISTRICT OF HIGHLANDS

YOUR NAME

Last Name	First Name	Middle Name
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YOUR ADDRESS

Street, Apartment No. PO Box, RR No.	City / Town	Province/Country	Postal Code
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YOUR TELEPHONE / EMAIL / FAX NUMBER(S)

Phone No.	Email	Fax No.
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DETAILS OF REQUESTED INFORMATION

Information Requested (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 reference or file number(s), if known

Are you requesting access to another person's personal information? YES NO

(If so, please attach, as appropriate:

- a) That person's signed consent for disclosure, or
- b) Proof of authority to act on that person's behalf.)

Preferred Method of Access to Records <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Your Signature	Date Signed (YYYY/MM/DD)
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FOR PUBLIC BODY USE ONLY

Request No.	Request Category <input type="checkbox"/> Access to General Information <input type="checkbox"/> Access to Personal Information
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Request Code	Date Received (YYYY/MM/DD)	Name of Public Body Receiving Request
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YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDING 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.