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

Last Name		First Name		
Street, Apartment No., P.O. Box, R.R. No.	Municipality	/	Province/Country	Postal Code
Day Phone:	Email:			
DETAILS OF REQUESTED INFORMATION				
The Freedom of Information and Protection of Privacy Act can only be used to request copies of recorded information, not to pose questions to be responded to. Please phrase your request accordingly. Include the date or time frame for the records if applicable and be as specific as possible. This will assist us in responding to your request. Please also specify any reference or file number(s), if known.				
Are you requesting access to another person's personal information? 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: Examine original Receive copy	Your Signati	ure	Date Signed	
FOR PUBLIC BODY USE ONLY				
Date Received:				