



The Corporation of the District of Central Saanich

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

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST			
DISTRICT OF CENTRAL SAANICH			
Last Name		First Name	Middle Name
Street, Apartment No. P.O. Box, R.R. No.	City/Town	Province/Country	Postal Code
Telephone - Business	Telephone – Home	Telephone – Fax	
DETAILS OF REQUESTED INFORMATION			
Please describe the information / records you are requesting. Be as specific as possible as this will assist the request process. Please use reverse 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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	
FOR PUBLIC BODY USE ONLY			
Request received by (Name and Department)		Date Received	Date Issued
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 <i>Freedom of Information and Protection of Privacy Act</i> and will be used only for the purpose of responding to your request.			