



**THE CORPORATION OF THE
CITY OF NELSON**

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

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST

THE CORPORATION OF THE CITY OF NELSON

YOUR NAME

Last Name	First Name	Middle Name	OPTIONAL	<input type="checkbox"/> MISS.	<input type="checkbox"/> MS.	<input type="checkbox"/> MRS.
				<input type="checkbox"/> MR.	<input type="checkbox"/> OTHER: _____	

YOUR ADDRESS

Street, Apartment No., P.O. Box, R.R. #:	City/Town:	Province/Country:	Postal Code:
			e-mail: _____

YOUR TELEPHONE/FAX NUMBER(S)

Day Phone No. ()	Alternate Phone No. ()	Day Fax No. ()
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DETAILS OF REQUESTED INFORMATION

<p>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.)</p>	<p>PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S), IF KNOWN</p>
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ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S 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		
		Yr.	Mo.	Day

FOR PUBLIC BODY USE ONLY

REQUEST NO.	REQUEST CATEGORY: <input type="checkbox"/> ACCESS TO GEN. INFO. <input type="checkbox"/> ACCESS TO PERSONAL INFORMATION			
REQUEST CODE	Date Received			NAME OF PUBLIC BODY RECEIVING REQUEST: THE CORPORATION OF THE CITY OF NELSON
	Yr.	Mo.	Day	

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 FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND WILL BE USED FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.