



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

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST			
FRASER VALLEY REGIONAL DISTRICT			
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.NO.	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE
YOUR CONTACT NUMBER(S)			
DAY PHONE NO. ()	ALTERNATE PHONE NO. ()	DAY FAX NO. ()	E-MAIL ADDRESS
DETAILS OF REQUESTED INFORMATION			
			PLEASE SPECIFY AND 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 YR MO DAY
FOR PUBLIC BODY USE ONLY			
REQUEST NO.	REQUEST CATEGORY:	ACCESS TO GENERAL INFORMATION <input type="checkbox"/>	ACCESS TO PERSONAL INFORMATION <input type="checkbox"/>
REQUEST CODE	DATE RECEIVED YR MO DAY	NAME OF PUBLIC BODY RECEIVING REQUEST FRASER VALLEY REGIONAL DISTRICT	
YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING.			
The personal information on this form is being collected in accordance with Part 3 of the <i>Freedom of Information and Protection of Privacy Act RSBC 1996 c. 165</i> and will only be used for the purpose of responding to this request. If you have questions about the collection, use or disclosure of this information, please contact the Information and Privacy Section of the Fraser Valley Regional District at 45950 Cheam Ave, Chilliwack, BC, V2P 1N6 or by telephone at 1-800-528-0061 or 604-702-5000.			