The Corporation of the District of Saanich

FOI REQUEST #

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

NAME OF DEPARTMENT TO WHICH YOU ARE DIRECTING YOUR REQUEST			
YOUR NAME			
LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL: □ MISS □ MS □ MRS □ MR □ OTHER _____
YOUR ADDRESS			
STREET, APARTMENT NO. PO BOX, RR NO.	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE
YOUR TELEPHONE/FAX NUMBER(S)			
DAY PHONE NO. ( )	ALTERNATE PHONE NO. ( )	DAY FAX NO. ( )	
DETAILS OF REQUESTED INFORMATION			
INFORMATION REQUIRED (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 ON THAT PERSON'S BEHALF			
PREFERRED METHOD OF ACCESS TO RECORDS □ EXAMINE ORIGINAL □ RECEIVE COPY	YOUR SIGNATURE	DATE SIGNED YR.	MO. DAY

YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING

FOR PUBLIC BODY USE ONLY				
REQUEST NO.	REQUEST CATEGORY □ ACCESS TO GENERAL INFORMATION □ ACCESS TO PERSONAL INFORMATION			
DEPARTMENT	DATE RECEIVED			NOTES
	YR.	MO.	DAY	

This information is collected for the administrative and/or operational functions of the District of Saanich as authorized by the Local Government Act. this information has been collected, and will be used and maintained, in accordance with the Freedom of Information and Protection of Privacy Act. Should you have any questions about the above, please contact Saanich's Information and Privacy Team at (250) 475-1775.