



Freedom of Information and Protection of Privacy REQUEST FOR ACCESS TO RECORDS

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST				
REGIONAL DISTRICT OF CENTRAL KOOTENAY				
YOUR NAME				
LAST NAME	FIRST NAME	MIDDLE NAME	<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. PO BOX RR NO.	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE	
YOUR CONTACT INFORMATION				
DAY PHONE NO	ALTERNATE PHONE NO		EMAIL ADDRESS	
DETAILS OF REQUESTED INFORMATION				
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. 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 (YYYY MM DD)	
FOR RDCK USE ONLY				
REQUEST NO.		DATE RECEIVED (YYYY MM DD)		
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 ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.				