TOWN OF COMOX

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

NAME OF PUBLIC BODY TO WHICH YOU ARE MAKING YOUR REQUEST			
TOWN OF COMOX			
YOUR NAME			
LAST NAME:	**FIRST NAME:**	**MIDDLE NAME:**	
YOUR ADDRESS			
STREET, APARTMENT No., P.O. BOX, R.R. No.:	**CITY/TOWN:**	**PROVINCE/ COUNTRY:**	**POSTAL CODE:**
YOUR CONTACT INFORMATION			
DAY PHONE: ( )	**ALTERNATE PHONE:** ( )	**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.

ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? *PERSONAL INFORMATION INCLUDES ALL RECORDED INFORMATION ABOUT AN IDENTIFIABLE PERSON (name, address, phone number, gender, age, race, financial and employment histories, etc).* IF SO, PLEASE ATTACH EITHER: a) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR b) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.	❑ YES ❑ NO

PREFERRED METHOD OF ACCESS TO RECORDS: ❑ EXAMINE ORIGINAL ❑ RECEIVE COPY	**YOUR SIGNATURE:**	**DATE SIGNED:**

FOR PUBLIC BODY USE ONLY

REQUEST No:	**REQUEST CATEGORY:** ❑ ACCESS TO GENERAL INFORMATION ❑ ACCESS TO PERSONAL INFORMATION	
DATE RECEIVED:	**DEPARTMENT:**	

- 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.

TOWN OF COMOX
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