



# FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

## REQUEST FOR ACCESS TO RECORD

Please submit via email to [foi.privacy@rdco.com](mailto:foi.privacy@rdco.com)

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                          |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|-------------|
| NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST                                                                                                                                                                                                                                                                                                                                                                           |           |                                                          |             |
| <b>Regional District of Central Okanagan</b>                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                          |             |
| YOUR NAME – PLEASE PRINT                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                          |             |
| LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                             |           | FIRST NAME                                               |             |
| YOUR ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                          |             |
| STREET, APARTMENT #, PO BOX                                                                                                                                                                                                                                                                                                                                                                                                           | CITY/TOWN | PROVINCE/COUNTRY                                         | POSTAL CODE |
| YOUR CONTACT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                          |             |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                 |           | EMAIL                                                    |             |
| DETAILS OF REQUESTED INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                          |             |
| <p><b>The Freedom of Information and Protection of Privacy Act can only be used to request copies of recorded information, not to pose questions.</b></p> <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). Please specify any reference or file number(s), if known.</p> |           |                                                          |             |
| <p><b>Time frame.</b> Please provide the date range of the records.</p> <p>From date: _____ To date: _____</p>                                                                                                                                                                                                                                                                                                                        |           |                                                          |             |
| Are you requesting access to another person's personal information?                                                                                                                                                                                                                                                                                                                                                                   |           | <input type="checkbox"/> YES <input type="checkbox"/> NO |             |
| <p>(if so, please attach as appropriate).</p> <p>a) That persons' signed consent for disclosure, or</p> <p>b) Proof of authority to act on that person's behalf</p>                                                                                                                                                                                                                                                                   |           |                                                          |             |
| PREFERRED METHOD OF ACCESS TO RECORDS<br><input type="checkbox"/> EXAMINE ORIGINAL AT THE REGIONAL DISTRICT OFFICE<br><input type="checkbox"/> RECEIVE COPY – PICK UP AT THE REGIONAL DISTRICT OFFICE<br><input type="checkbox"/> RECEIVE COPY VIA MAIL                                                                                                                                                                               |           | SIGNATURE                                                | DATE SIGNED |
| Personal information contained on this form is collected under Section 26 of the <i>Freedom of Information Protection of Privacy Act</i> and will be used only for the purpose of responding to your request. A Local Government has 30 business days to respond to a request for information.                                                                                                                                        |           |                                                          |             |