

## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

## **REQUEST FOR ACCESS TO RECORD**

Please submit via email to <a href="mailto:foi@rdco.com">foi@rdco.com</a> or fax to 250-763-0606

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST							
Regional District of Central Okanagan							
YOUR NAME - PLEASE PRIN	IT						
LAST NAME	FIRST NAME		MIDDLE NAME		☐ Miss ☐ Ms. ☐ Mrs.		☐ Mrs.
					☐ Mr. ☐ Other:		r:
YOUR ADDRESS							
STREET, APARTMENT No, PO BOX CITY/TOWN				PROVINCE/COUNTF			POSTAL CODE
YOUR TELEPHONE / FAX NUMBER / EMAIL							
DAY PHONE NO.					DAY FAX NO.		
DETAILS OF REQUESTED IN	FORMATION	١					
information, not to pose que are requesting – be as specifi space below is not sufficient).	ic as possibl Please speci	e as this will as ify any reference	sist the rec or file num	quest pro	ocess. Attac	h a se	eparate sheet if the
Are you requesting access to another person's personal information? (if so, please attach as appropriate). a) That persons signed consent for disclosure, or b) Proof of authority to act on that persons behalf							□NO
	YOUR SIGNATURE						DATE SIGNED
☐ EXAMINE ORIGINAL AT THE REGIONAL DISTRICT'S OFFICE ☐ RECEIVE COPY – PICK UP AT THE OFFICE – CORPORATE SERVICES ☐ RECEIVE COPY VIA MAIL							
FOR OFFICE USE ONLY							
REQUEST NO.	REQUEST ACCESS TO GENERAL ACCESS TO PERSONAL CATEGORY: INFORMATION INFORMATION						
REQUEST CODE	DEPARTMENT RECEIVING REQUEST						
DATE RECEIVED	YEAR	MON	ITH		DAY		
Personal information contained on this form is collected under 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 days to respond to a request for information.							