

Request for Access to Records

APPLICANT INFORMATION		
Name	Phone No.	Email Address
Address		
City/Town	Province	Postal Code

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.
If you are requesting access to another person's personal information, please attach either: <ul style="list-style-type: none"> • THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR • 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 HARD COPY <input type="checkbox"/> RECEIVE ELECTRONIC COPY BY EMAIL

APPLICATION FEE
<p>"City of Port Alberni Freedom of Information and Protection of Privacy Bylaw No. 5050, 2022" requires that an applicant making a request shall pay to the City a non-refundable application fee of \$10.00. This application fee does not apply to a request for the applicant's own personal information.</p> <p>Payment Method The City of Port Alberni is only able to accept application fee payments by cash, cheque and/or money order. Cash payments are accepted at City Hall between 8:30 am and 4:30 pm, Monday to Friday, excluding statutory holidays. If paying by cheque and/or money order please mail [or drop off] payment to the attention of Director of Corporate Services at the address noted above.</p>

APPLICANT SIGNATURE		
<ul style="list-style-type: none"> • 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 <i>Freedom of Information and Protection of Privacy Act (FIPPA)</i> and will only be used for the purpose of responding to your request. • The City of Port Alberni will respond according to s. 7(1) of <u>FIPPA</u>. • Completion of this application form is not a guarantee that your application will be approved. 		
Name	Signature	Date

Public Body Use Only		
Request No.:	Request Category:	
	Access to General Information	Access to Personal Information
	Date Received:	Name of Public Body Receiving Request:
	<div style="text-align: center;">/ /</div> <div>Year Month Day</div>	