

DATE SUBMITTED: \_\_\_\_\_

Part 1: APPLICANT INFORMATION		
Name	Phone No.	Email Address
Address		
City/Town	Province	Postal Code

Part 2: DETAILS OF REQUESTED INFORMATION
<p><b>Information Requested</b> Please describe the records you are requesting. Be as specific as possible, as this will assist the request process.</p>
<p><b>If you are requesting access to another person's personal information, please attach either:</b></p> <ul style="list-style-type: none"> <li>• THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR</li> <li>• PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.</li> </ul>
<p><b>Preferred method of Access to Records</b></p> <p><input type="checkbox"/> EXAMINE ORIGINAL</p> <p><input type="checkbox"/> RECEIVE COPY</p>

Part 5: APPLICANT SIGNATURE		
<ul style="list-style-type: none"> <li>• You may make a request for access to records without using this form, provided you do so in writing</li> <li>• Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act (FOIPPA)</li> <li>• The City of Port Alberni will respond according to s. 7(1) of FOIPPA (within 30 days from receiving application)</li> <li>• Completion of this application form is not a guarantee that your application will be approved</li> </ul>		
Name	Signature	Date

Submit your application to the Corporate Officer at [twyla\\_slonski@portalberni.ca](mailto:twyla_slonski@portalberni.ca) drop off in person at the City Hall.