TOWN OF SIDNEY

FOI REQUEST#

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

(NOTE: BEFORE A REQUEST IS PROCESSED A DEPOSIT OF $30 IS REQUIRED, AS PER TOWN BYLAW NO. 1240.)

NAME OF DEPARTMENT TO WHICH YOU ARE DIRECTING YOUR REQUEST

YOUR NAME / ADDRESS / CONTACT INFORMATION

LAST NAME	FIRST NAME	OPTIONAL: ☐ MISS ☐ MS ☐ MRS ☐ MR ☐ OTHER _____

STREET	CITY/PROVINCE	POSTAL CODE

DAY PHONE NO.	ALTERNATE PHONE NO.	DAY FAX NO.
( )	( )	( )

DETAILS OF REQUESTED INFORMATION

PLEASE DESCRIE THE RECORDS YOU ARE REQUESTING.
BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST THE REQUEST PROCESS.

ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? ☐ YES ☐ NO
IF SO, PLEASE ATTACH AS APPROPRIATE:

A) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE; OR
B) PROOF OF AUTHORITY ON THAT PERSON'S BEHALF.

PREFERRED METHOD OF ACCESS TO RECORS:	YOUR SIGNATURE	DATE SIGNED		
☐ EXAMINE ORIGINAL ☐ RECEIVE COPY		YR.	MO.	DAY

FOR TOWN USE ONLY

REQUEST NO.	REQUEST CATEGORY	☐ ACCESS TO GENERAL INFORMATION ☐ ACCESS TO PERSONAL INFORMATION

DEPARTMENT	DATE RESPONDED			TOTAL FEE
	YR.	MO.	DAY	- DEPOSIT TOTAL BALANCE OWING

For further information or questions regarding the *Freedom of Information and Protection of Privacy Act* and access to records, please contact the Administration Office at (250) 656-1139.