## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

Village of Harrison Hot Springs Request for Access to Records

YOUR NAME									
Last Name:	First Name:		Middle Name:			Optional: Miss. Ms. Mrs. Mr.			
YOUR ADDRESS									
Street/Apartment No./P.O. Box:		City/Town:		Pro	Province/Country:		Postal Code:		
YOUR TELEPHONE/FAX NUMBERS									
Day Phone Number:		Alternate Phone Number:		•					
( )		( )			( )				
<b>DETAILS OF REQUEST</b>	( ) ( ) RMATION								
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:									
Are you requesting access to another person's									
personal information?			[		Yes 🗌	<b>No</b>			
If so, please attach as appropriate:									
a) That person's signed consent for disclosure, or Proof of authority to act on that person's behalf.									
Development Mathead af			-						
Preferred Method of Access to Records:	Your Sig	nature	1	Date	Signed				
Access to Records.				Year		Month		Day	
<ul> <li>Examine Original</li> <li>Receive Copy</li> </ul>	Administ	rator's Approval		i cai		Wionen		Day	
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</i> <i>Protection of Privacy Act</i> and will be used only for the purpose of responding to your request.									