



THE CITY OF  
Port Alberni

4850 Argyle Street  
Port Alberni, BC V9Y 1V8  
T: 250-723-2146 F: 250-723-1003

# Request for Access to Records

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

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. Attach a separate sheet if the space below is not sufficient.</p>
<p>If you are requesting access to another person's personal information, please attach either:</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      <input type="checkbox"/> RECEIVE HARD COPY      <input type="checkbox"/> RECEIVE ELECTRONIC COPY BY EMAIL</p>

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, debit, cheque and/or money order. Cash and debit 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"> <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 <i>Freedom of Information and Protection of Privacy Act (FIPPA)</i> and will only be used for the purpose of responding to your request.</li> <li>• The City of Port Alberni will respond according to s. 7(1) of <u>FIPPA</u>.</li> <li>• Completion of this application form is not a guarantee that your application will be approved.</li> </ul>		
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:
	/      / Year      Month      Day	

Submit your application to the Director of Corporate Services at corp\_serv@portalberni.ca or drop off at the City Hall.