

DATE SUBMITTED: _____

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

Part 2: DETAILS OF REQUESTED INFORMATION
<p>Information Requested <i>Please describe the records you are requesting. Be as specific as possible, as this will assist the request process.</i></p>
<p>If you are requesting access to another person's personal information, please attach either:</p> <ul style="list-style-type: none"> • THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR • PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.
<p>Preferred method of Access to Records</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"> • 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 Freedom of Information and Protection of Privacy Act (FOIPPA) • The City of Port Alberni will respond according to s. 7(1) of <u>FOIPPA</u> (within 30 days from receiving application) • Completion of this application form is not a guarantee that your application will be approved 		
Name	Signature	Date

Submit your application to the City Clerk at davina_hartwell@portalberni.ca or drop off in person at the City Hall.