



1229 Esquimalt Road
 Esquimalt BC V9A 3P1
 PHONE: 250-414-7100
 FAX: 250-414-7111
 www.esquimalt.ca

Request for Access to Records

Under the Freedom of Information and Protection of Privacy Act (FOIPPA)

Part 1: APPLICANT INFORMATION		
Name	Phone No.	Email Address
Address		
City/Town	Province	Postal Code
Part 2: DETAILS OF REQUESTED INFORMATION		
Please describe 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? <input type="checkbox"/> YES (attach that person's signed consent for disclosure or proof of authority to act on that person's behalf) <input type="checkbox"/> NO		
Preferred method of Access to Records: <input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY BY MAIL <input type="checkbox"/> RECEIVE COPY BY EMAIL		
Part 3: APPLICANT SIGNATURE		
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 FOIPPA. The Township of Esquimalt will respond according to s. 7 of FOIPPA (within 30 business days from receiving application). Completion of this application form is not a guarantee that your application will be approved.		
Signature	Date	
<p style="text-align: center;">Submit your application to the Corporate Officer via email to corporate.services@esquimalt.ca</p> <p style="text-align: center;">or</p> <p style="text-align: center;">in person at Municipal Hall, 1229 Esquimalt Road.</p>	DEPARTMENT USE ONLY	