

## 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
<p>Please describe the records you are requesting. Be as specific as possible, as this will assist the request process.</p> <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div>
<p><b>Are you requesting access to another person's personal information?</b>  <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</p> <p><b>Preferred method of Access to Records:</b>  <input type="checkbox"/> EXAMINE ORIGINAL    <input type="checkbox"/> RECEIVE COPY BY MAIL    <input type="checkbox"/> RECEIVE COPY BY EMAIL</p>

Part 3: APPLICANT SIGNATURE	
<p>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 <u>FOIPPA</u> (within 30 business days from receiving application). Completion of this application form is not a guarantee that your application will be approved.</p>	
Signature	Date

<p><b>Submit your application to the Corporate Officer via email to <a href="mailto:corporate.services@esquimalt.ca">corporate.services@esquimalt.ca</a></b></p> <p style="text-align: center;"><b>or</b></p> <p><b>in person at Municipal Hall, 1229 Esquimalt Road.</b></p>	<p><b>DEPARTMENT USE ONLY</b></p>
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