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# Request for Access to Records

regulated by the *Freedom of Information and Protection of Privacy Act (FOIPPA)*

For Office Use Only:

File #:
Date Received:

## Part 1: APPLICANT INFORMATION

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

## Part 2: DETAILS OF REQUESTED INFORMATION

**Information Requested**  
 The *Freedom of Information and Protection of Privacy Act* can only be used to request copies of recorded information, not to pose questions to be responded to. Please describe the records you are requesting. Include the date or time frame for your records if applicable and be as specific as possible. This will assist us in responding to your request. .


Attach additional information if necessary

**If you are requesting access to another person's personal information, please attach either:**

- THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR
- PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.

**Preferred method of Access to Records** (charges may apply as per "*Alberni-Clayoquot Regional District Freedom of Information and Protection of Privacy Bylaw No. A1087, 2019*")

EXAMINE ORIGINAL       RECEIVE PDF COPY ON USB STICK  
 RECEIVE HARD COPY       RECEIVE PDF COPY VIA EMAIL

## Part 5: 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 the Freedom of Information and Protection of Privacy Act (FOIPPA)
- The Alberni-Clayoquot Regional District will respond according to s. 7(1) of FOIPPA (within 30 days from receiving application)
- Completion of this application form is not a guarantee that your application will be approved

Name	Signature	Date
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Submit your application to the GM of [Administrative Services/FOI Head, at wthomson@acrd.bc.ca](mailto:wthomson@acrd.bc.ca) or drop off in person at the ACRD office.