

Submit to: mailbox@cariboord.ca



FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST			
YOUR NAME			
LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> MRS. <input type="checkbox"/> MR. <input type="checkbox"/> OTHER : _____
YOUR ADDRESS			
STREET, APARTMENT NO., P.O. BOX, R.R. NO.	CITY / TOWN	PROVINCE / COUNTRY	POSTAL CODE
YOUR CONTACT INFORMATION			
DAY PHONE NO. ()	ALTERNATE PHONE NO. ()	E-MAIL ADDRESS	
DETAILS OF REQUESTED INFORMATION			
INFORMATION REQUESTED (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.)			PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S), IF KNOWN
ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF SO, PLEASE ATTACH, AS APPROPRIATE: a) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR b) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.)			
PREFERRED METHOD OF ACCESS TO RECORDS <input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE		DATE SIGNED (YYYY MMM DD)
FOR PUBLIC BODY USE ONLY			
REQUEST NO.	REQUEST CATEGORY <input type="checkbox"/> ACCESS TO <u>GENERAL</u> INFORMATION <input type="checkbox"/> ACCESS TO <u>PERSONAL</u> INFORMATION		
REQUEST CODE	DATE RECEIVED (YYYY MMM DD)	NAME OF PUBLIC BODY RECEIVING REQUEST	
<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 AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.			