



**District of North Saanich**

Corporate Services  
1620 Mills Road  
North Saanich, BC V8L 5S9  
T: 250-655-5453 F: 250-655-5489  
admin@northsaanich.ca  
www.northsaanich.ca

**Freedom of Information and  
Protection of Privacy Act**

**Access to Records Request Form**

**CONTACT INFORMATION**

Name/Organization Name:	
Mailing Address:	
Daytime Phone:	Fax:
Email:	

**DETAILS OF REQUESTED INFORMATION**

The *Freedom of Information and Protection of Privacy Act* can only be used to request copies of recorded information. Please phrase your request accordingly. Include the date or time frame for the records if applicable and be as specific as possible. This will reduce processing time and possible service fees.


*Attach additional information if necessary.*

Are you requesting access to another person's personal information?  YES  NO

If YES: Attach either a) That person's signed consent for disclosure or b) Proof of Authority to act on the person's behalf.

Preferred method of access to records: <input type="checkbox"/> Examine in Person <input type="checkbox"/> Paper Copy <input type="checkbox"/> Electronic Copy	Your Signature	Date Signed (mm/dd/yyyy)
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NOTE: In accordance with the *Freedom of Information and Protection of Privacy Act* there are service fees for FOI requests. Records will be released upon receipt of payment of applicable fees.

**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.**