



# THE CORPORATION OF THE VILLAGE OF SLOCAN

## FREEDOM OF INFORMATION & PROTECTION OF PRIVACY REQUEST FOR ACCESS TO RECORDS

503 Slocan Street  
PO Box 50  
Slocan, BC  
V0G 2C0  
250-355-2277  
cao@villageofslocan.ca

### NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST

**THE CORPORATION OF THE VILLAGE OF SLOCAN**

### YOUR NAME

|           |            |             |                                                                                                                                                                             |
|-----------|------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last Name | First Name | Middle Name | OPTIONAL<br><input type="checkbox"/> MISS. <input type="checkbox"/> MS. <input type="checkbox"/> MRS.<br><input type="checkbox"/> MR. <input type="checkbox"/> OTHER: _____ |
|           |            |             |                                                                                                                                                                             |

### YOUR ADDRESS

|                                          |            |                   |                               |
|------------------------------------------|------------|-------------------|-------------------------------|
| Street, Apartment No., P.O. Box, R.R. #: | City/Town: | Province/Country: | Postal Code:<br>e-mail: _____ |
|------------------------------------------|------------|-------------------|-------------------------------|

### YOUR TELEPHONE/FAX NUMBER(S)

|                      |                            |                    |
|----------------------|----------------------------|--------------------|
| Day Phone No.<br>( ) | Alternate Phone No.<br>( ) | Day Fax No.<br>( ) |
|----------------------|----------------------------|--------------------|

### 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 INFORMATION? ☐ YES ☐ 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<br><input type="checkbox"/> EXAMINE ORIGINAL<br><input type="checkbox"/> RECEIVE COPY | YOUR SIGNATURE | DATE SIGNED |     |     |
|                                                                                                                             |                | Yr.         | Mo. | Day |

### FOR PUBLIC BODY USE ONLY

|              |                                                                                                                         |                                          |  |
|--------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--|
| REQUEST NO.  | REQUEST CATEGORY: <input type="checkbox"/> ACCESS TO GEN. INFO. <input type="checkbox"/> ACCESS TO PERSONAL INFORMATION |                                          |  |
| REQUEST CODE | NAME OF PUBLIC BODY RECEIVING REQUEST:                                                                                  |                                          |  |
|              | Date Received<br>Yr. Mo. Day                                                                                            | THE CORPORATION OF THE VILLAGE OF SLOCAN |  |

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 FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.