



325 Wallace Street
PO Box 609
Hope, BC V0X 1L0

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT REQUEST FOR ACCESS TO RECORDS

CONTACT INFORMATION

Applicant's Last Name:	First Name:	Email Address:
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YOUR ADDRESS

Apt. / House / PO Box No.	Street	City / Town	Prov. / Postal Code
Daytime Tel. No.:	Alternate / Cell Phone No.	Fax No.	

DETAILS OF YOUR REQUEST

Note: Please give us specific and as much information as necessary to allow us to process your request. Attach a separate sheet if insufficient space below.

Please list any reference
/ file numbers (if known)

I PREFER TO:

Examine Originals Pick up a copy Have records mailed Have records faxed to me

Your Signature:	Date Signed:
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OFFICE USE ONLY: Date Received:

Request Number: