

REQUEST FOR ACCESS TO RECORDS


FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

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. *Please note: the Act allows 30 business days for us to respond to your request, although we will endeavor to respond sooner when possible.*

1 Information about you

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle	<input type="text"/>
Optional:	<input type="radio"/> Miss	<input type="radio"/> Mrs.	<input type="radio"/> Ms.	<input type="radio"/> Mr.	
Company Name <i>(if applicable)</i>	<input type="text"/>				
Address: Street	<input type="text"/>	City/Town	<input type="text"/>	Province	<input type="text"/>
Postal Code	<input type="text"/>	Email:	<input type="text"/>		
Day Phone #	<input type="text"/>	Alternate #	<input type="text"/>	Fax #	<input type="text"/>

2 Details of requested information



INFORMATION REQUESTED: PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST THE REQUEST PROCESS. PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S) IF KNOWN. ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT.

Are you requesting access to another person's personal information? Yes No

If yes, please attach one of the following:

- (A) That person's signed consent for disclosure
- (B) Proof of authority to act on that person's behalf

Preferred method of access to records: Email (PDF) Receive by mail Pick Up Copy

Your Signature

Date Signed

Please email this request to inforequest@surrey.ca or fax to 604-501-7578.
Requests may be subject to charges.

FOR INTERNAL STAFF ONLY *Please complete the following verification*

Request #	<input style="width: 100%;" type="text"/>
Summary of Charges	<input style="width: 100%;" type="text"/>