FOR REQUEST #

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

NAME OF DEPARTMENT TO WHICH YOU ARE DIRECTING YOUR REQUEST			
YOUR NAME			
LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL: ☐ miss ☐ MS ☐ MRS ☐ MR ☐ OTHER _____
YOUR ADDRESS			
STREET, APARTMENT NO. PO BOX, RR NO.	CITY/TOWN	STATE	POSTAL CODE
YOUR TELEPHONE/FAX NUMBER(S)			
DAY PHONE NO. ( )	ALTERNATE PHONE NO. ( )	DAY FAX NO. ( )	
DETAILS OF REQUESTED INFORMATION			
INFORMATION REQUIRED (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? ☐ YES ☐ NO

IF SO, PLEASE ATTACH AS APPROPRIATE:
A) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE; OR
B) PROOF OF AUTHORITY ON THAT PERSON'S BEHALF

PREFERRED METHOD OF ACCESS TO RECORDS	YOUR SIGNATURE	DATE SIGNED		
☐ EXAMINE ORIGINAL ☐ RECEIVE COPY		YR.	MO.	DAY

YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM PROVIDED YOU DO SO IN WRITING

FOR PUBLIC BODY USE ONLY

REQUEST NO.	REQUEST CATEGORY o ACCESS TO GENERAL INFORMATION ☐ACCESS TO PERSONAL INFORMATION			
DEPARTMENT	DATE RECEIVED			NOTES
	YR.	MO.	DAY	