



TOWN OF VIEW ROYAL
45 VIEW ROYAL AVENUE
VICTORIA, BC V9B 1A6
PH 250.479.6800
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OFFICE USE ONLY	
REQUEST #:	REQUIRED BY:

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

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST			
TOWN OF VIEW ROYAL			
CONTACT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> MISS <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> MR. <input type="checkbox"/> OTHER
STREET, APARTMENT NO., P.O. BOX NO.		CITY/TOWN	PROVINCE/COUNTRY
POSTAL CODE			
DAY PHONE NO.	ALTERNATE PHONE NO.	FAX NO.	
EMAIL			
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 A DATE RANGE OF RECORDS		PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S) IF KNOWN	
ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? <input type="checkbox"/> YES* <input type="checkbox"/> NO (*IF YES, 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 <input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY: <input type="checkbox"/> ELECTRONIC (if available) <input type="checkbox"/> PAPER	YOUR SIGNATURE		DATE SIGNED (YYYY MM DD)
YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING.			

Personal information on this form will be used for the purpose of responding to your request for records, and is collected under the authority of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection or use of this information, contact the FOI Coordinator at 250-479-6800, Town of View Royal, 45 View Royal Avenue, Victoria, BC, V9B 1A6.