



# City of Richmond

## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT ACCESS TO RECORDS REQUEST FORM

(You may make a request for access to records without using this form, provided you do so in writing.)

YOUR CONTACT INFORMATION			
LAST NAME		FIRST NAME	
ADDRESS	CITY/TOWN	PROVINCE & COUNTRY	POSTAL CODE
PHONE NUMBER	ALTERNATE PHONE NO.	EMAIL	
DETAILS OF REQUESTED INFORMATION			
INFORMATION REQUESTED Please describe the records you are requesting and be as specific as possible. You may attach a separate sheet if necessary.		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 either (A) That person's signed consent for disclosure or (B) Proof of authority to act on that person's behalf.			
ACCESS PREFERENCE: <input type="checkbox"/> Email (pdf) <input type="checkbox"/> Receive by mail <input type="checkbox"/> Pick up copy at City Hall <input type="checkbox"/> Examine original			
YOUR SIGNATURE		YEAR	MONTH DAY
<b>SUBMITTING YOUR REQUEST</b>			
Requests may be subject to charges.			
Submit your request to the <b>Attention: Manager, Records and Information</b>			
<b>By Post or Hand Delivery:</b> City Clerk's Office 2 <sup>nd</sup> Floor, City Hall 6911 No. 3 Road Richmond, BC V6Y 2C1	<b>By Email:</b> foi@richmond.ca	<b>By Fax:</b> 604-204-8642	

*If you have any questions, please contact the Manager of Records and Information/FOI Coordinator at 604-276-4165.*

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.