



THE CORPORATION OF THE CITY OF VERNON

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

| NAME | | |
|---|--------------------|----------------------|
| LAST NAME: | FIRST NAME: | MIDDLE NAME: |
| | | |
| ADDRESS | | |
| STREET, APT. NO., PO BOX: | CITY/TOWN | PROVINCE/POSTAL CODE |
| | | |
| CONTACT NUMBER (S) | | |
| DAYTIME PHONE #: | ALTERNATE PHONE #: | EMAIL ADDRESS: |
| | | |
| DETAILS OF REQUESTED INFORMATION | | |
| <p>PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST THE PROCESS. ATTACH A SEPARATE SHEET IF THIS SPACE IS NOT SUFFICIENT. PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S), IF KNOWN.</p> | | |
| Signature: _____ Date: _____ | | |
| IF YOU ARE REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION, PLEASE ATTACH EITHER: | | |
| <ul style="list-style-type: none">• THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE; OR• PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF. | | |
| PREFERRED METHOD OF ACCESS TO RECORDS: EXAMINE ORIGINAL OR RECEIVE COPY | | |
| 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 AND PROTECTION OF PRIVACY ACT", AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST. | | |