Freedom of Information and Protection of Privacy Request for Access to Records

Once completed, please submit this form directly to the District of Sechelt Corporate Services Department at Municipal Hall- PO Box 129 -5797 Cowrie St 2nd flr, Sechelt, BC, V0N3A0, or email to corporate@sechelt.ca.

- You may make a request for access to records without using this form, provided you do so in writing. A copy of your Drivers License may also be required to verify the individual requesting the information.
- Personal information contained on the 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.

Your Information			
Last Name		**First Name**	
Street Address	**City/Town**	**Province/Country**	**Postal Code**
Daytime Phone No.		**Alternate Phone No.**	
E-Mail Address			

Information Requested
Requested Information- Be as specific as possible, as this will assist the request process. Attach a separate sheet if the space below is not sufficient. Please also specify any reference or file number(s)

Are you requesting personal Information			
Yes*	☐	No	☐

*If you are requesting personal information please attach as appropriate:

A. That persons signed Consent for disclosure, or
B. Proof of authority to act on that person's behalf

Signature	**Date of Signature**