

Applicant Name:

REQUEST TO ACCESS RECORDS FORM FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT info@langleycity.ca

Date of Request:

604.514.4585

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Address:			
Phone:			
What records do you want to access? P If the space below is not sufficient, a separ			mpleted form.
Preferred method of access to records:	Examine Original	Receive a	сору
Records will be provided by email when not possible, please indicate your preferences may apply.			
USB Drive: \$25.00 each	Letter (8.5" by 11") & Legal (8	8.5" by 14") hard c	opies: \$0.25 per page
Tabloid (11" by 17") hard copies: \$0.25 per page	Hard Copy of plans: \$1.00 pe	er page	
Are you requesting access to another pers	on's personal information?	Yes	No
If so, please attach either, a) the person's on that person's behalf.	signed consent for disclosure	or b) proof of a	authority to act
Personal information contained in this form i Privacy Act and will be used only for the pur			nd Protection of
	Download the fillable email the completed		
	For Office Use Only		
Request Number:	_ Date Received:		

FOI Head/Coordinator:

Signature: