



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

YOUR CONTACT INFORMATION			
Last Name	First Name	Middle Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____
Street, Apt.#, PO Box, RR No.	City/Town	Prov./Terr.	Postal Code
Day phone ()	Cell Phone No. ()	Email Address	
DETAILS OF REQUESTED INFORMATION			
Please specify the name of the department or program area responsible for the records you are requesting.		Please specify any Ref# or File#, if known.	
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.			
Preferred Method of Access to Records <input type="checkbox"/> Book appointment to view originals <input type="checkbox"/> Receive copies	Your signature		Date signed: YY/MM/DD
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 <i>FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT</i> and will be used only for the purpose of responding to your request.			

Deliver to : The Office of the City Clerk

Address: 4500 Clarence Taylor Cres
 Delta, BC V4K 3E2
 Fax: (604) 946-3390
 Email: clerks@delta.ca