



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