

IMPORTANT INFORMATION – PLEASE READ FIRST
1. This form MUST be completed in <u>FULL</u> . 2. If you are requesting information about yourself, we may require a copy of your government issued identification such a Driver’s License. 3. Under the Freedom of Information and Protection of Privacy Act, we have thirty (30) business days, excluding weekends and holidays, to respond to your request. We process requests in the order that they are received.

YOUR NAME			
Miss <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	
Mr. <input type="checkbox"/>	Other _____		
LAST NAME:	FIRST NAME:	MIDDLE NAME:	
COMPANY NAME (IF APPLICABLE):			
HAVE YOU EVER GONE BY ANOTHER NAME, IF SO, WHAT WAS THAT NAME?			
YOUR ADDRESS			
STREET, APARTMENT NO. P.O. BOX	CITY/TOWN:	PROVINCE/COUNTRY:	POSTAL CODE:
YOUR TELEPHONE NUMBER(S)			
DAY PHONE NO		ALTERNATE NO.	
DETAILS OF REQUESTED INFORMATION			
PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE SPECIFIC AS POSSIBLE TO ASSIST WITH THE REQUEST PROCESS. ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT.			
ARE YOU REQUESTING ACCESS TO ANOTHER PERSON’S INFORMATION? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, PLEASE ATTACH:			
(a) THAT PERSON’S SIGNED CONSENT FOR DISCLOSURE WITH A COPY OF GOVERNMENT ISSUED PHOTO ID OR			
(b) PROOF OF AUTHORITY TO ACT ON THAT PERSON’S BEHALF (E.G. POWER OF ATTORNEY)			
YOUR SIGNATURE:		DATE SIGNED:	