



THE CORPORATION 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"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Other _____
Mailing address:			
Day Phone Number:		Alternate Phone Number:	
Company or organization you are submitting this request on behalf of (if applicable):			

**DETAILS OF REQUESTED INFORMATION**

To assist us in gathering all the relevant records on a timely basis, please specify the name of the department or program area responsible for the records you are requesting and any reference or file numbers, if known:

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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.

<b>Preferred Method of Access to Records</b> <input type="checkbox"/> Book appointment to view originals <input type="checkbox"/> Receive copies	<b>Your Signature</b>	<b>Date Signed:</b> _____/_____/_____ Year                      Month                      Day
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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 *FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT* and will be used only for the purpose of responding to your request.

**DELIVER TO:** The Office of the Municipal Clerk

**Address:** 4500 Clarence Taylor Crescent  
Delta BC V4K 3E2  
**Fax:** (604) 946-3390