

Regional District of North Okanagan 9848 Aberdeen Road Coldstream, BC V1B 2K9

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Freedom of Information and Protection of Privacy Request for Access to Records

Regional District of North Okanagan	
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Your Name	
Last Name First Name Initial Mr. Miss N	Ms. ☐ Mrs.
Company Name (if applicable)	
Your Contact Information	
Street/Apart No/PO Box City/Town Province	Postal Code
Daytime Phone #s Email Address	
Details of Requested Information Please describe the records to which you want access in as much detail as possible, including event or action, date of record or the date or period to which it relate	es, the type of record
(document, report, letter). If you require more space, use the back of this page or an additional sheet of paper.	o, ale type of feeding
Are you making a request on behalf of another person: Yes No	
yes, please attach as appropriate: That person's signed consent for disclosure, or	
☐ Proof of authority to act on that person's beha	lf.
Preferred method of access to records: Receive hard copy	
☐ Receive pdf copy via email	
☐ Receive electronic copy on USB	
Signature Date YYYY/MM/D	D
Office Use Only	
Request #: 0580.	
Date Received: / / Response Deadline: /	1
YYYY/MM/DD YYYY/MM/	DD

- · 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.
- · The Act does not apply to requests for answers to questions, only to requests for copies of, or access to, records.
- · A fee may be charged for providing the information requested.