

CITY OF DELTA **REQUEST FOR ACCESS TO RECORDS**

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

Last Name First Name Middle Name Midd	YOUR CONTACT INFORMATION				
Street, Apt.#, PO Box, RR No. City/Town Prov./Terr. Postal Code Day phone () 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 Book appointment to view originals Receive copies Your signature Date signed: YY/IMM/DD Date signed: YY/IMM/DD Preferred Method of Access to Records Now appointment to view originals are 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	Last Name	First Name	Middle Name	☐Mr. ☐Mrs.	
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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