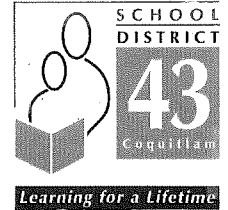




**FREEDOM OF INFORMATION AND
PROTECTION OF PRIVACY
REQUEST FOR ACCESS TO RECORDS**



NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST

--

YOUR NAME

LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> MRS. <input type="checkbox"/> MR. <input type="checkbox"/> OTHER : _____
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YOUR ADDRESS

STREET, APARTMENT NO., P.O. BOX, R.R. NO.	CITY / TOWN	PROVINCE / COUNTRY	POSTAL CODE
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YOUR CONTACT INFORMATION

DAY PHONE NO. ()	ALTERNATE PHONE NO. ()	E-MAIL ADDRESS
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DETAILS OF REQUESTED INFORMATION

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.)	PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S), IF KNOWN

ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? YES NO
 (IF SO, PLEASE ATTACH, AS APPROPRIATE:
 a) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR
 b) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.)

PREFERRED METHOD OF ACCESS TO RECORDS <input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE	DATE SIGNED (YYYY MMM DD)
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FOR PUBLIC BODY USE ONLY

REQUEST NO.	REQUEST CATEGORY <input type="checkbox"/> ACCESS TO GENERAL INFORMATION (ARCS 292-30/) <input type="checkbox"/> ACCESS TO PERSONAL INFORMATION (ARCS 292-40/)	
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REQUEST CODE	DATE RECEIVED (YYYY MMM DD)	NAME OF PUBLIC BODY RECEIVING REQUEST
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- YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING.
- BIRTHDATE AND CORRECTIONS SERVICE NO. ARE REQUIRED TO VERIFY THE INDIVIDUAL REQUESTING THE INFORMATION
- 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.