



## TOWN OF SIDNEY

### REQUEST FOR ACCESS TO INFORMATION

*Freedom of Information and Protection of Privacy Act*

#### Applicant's Contact Information (please print)

LAST NAME		FIRST NAME	
STREET NUMBER AND NAME		CITY/PROVINCE	POSTAL CODE
DAY PHONE NUMBER	ALTERNATE PHONE NUMBER		FAX NUMBER
EMAIL ADDRESS			

#### Description of Records Requested

1. Are you requesting general information (non-personal information)?	YES	NO
2. Are you requesting access to your own personal information?	YES	NO
3. Are you requesting access to another person's personal information?	YES	NO
If yes, please attach as appropriate: a. that person's signed consent for disclosure; or b. proof of authority on that person's behalf.		
Please describe the records you are requesting. Please be as specific as possible to assist with the search process and to possibly reduce processing time and fees.		
Method of Access examine original (on site only) receive copy      electronic	SIGNATURE	DATE

Once completed, please forward to the Town of Sidney along with the appropriate authorization (if applicable) to:

TOWN OF SIDNEY  
2440 Sidney Avenue  
Sidney, BC V8L 1Y7  
Fax: 250-656-7056      Email: [admin@sidney.ca](mailto:admin@sidney.ca)

Personal information on this form is collected under section 26 of the *Freedom of Information and Protection of Privacy Act* (FIPPA) and will be used to process and respond to your request. If you have any questions, please contact the Administration Department at 250-656-1139 or email at [admin@sidney.ca](mailto:admin@sidney.ca).