



Village of
Sayward

Complete this form, print, sign, and submit to: Village of Sayward, PO Box 29, Sayward, BC V0P 1R0, or by e-mail village@saywardvalley.ca

Request for Access to Records

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. There may be a cost associated with this request.

YOUR NAME			
Last Name	First Name	Middle Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
YOUR ADDRESS			
Street, Apt.#, PO Box, RR No.	City/Town	Prov./Terr.	Postal Code
YOUR TELEPHONE / FAX NO.(s) (incl. area code)			
Day phone ()	Email Address ()	Day Fax No. ()	
DETAILS OF REQUESTED INFORMATION			
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 Ref # or File #, if known.	
<p>Are you requesting access to another person's personal information? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If so, please attach, as appropriate:</p> <p>a) That person's signed consent for disclosure, or</p> <p>b) Proof of authority to act on that person's behalf</p>			
Preferred method of access to records: <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Your signature		Date signed: YY/MM/DD

Sayward Village Office, 652 H'Kusam Way, PO Box 29, Sayward, BC, V0P 1R0
Phone: 250-282-5512 Fax: 250-282-5511 e-mail: village@saywardvalley.ca

The Village of Sayward respectfully acknowledges that the land we gather on is on the unceded territory of the K'ómoks First Nation, the traditional keepers of this land.

FOR PUBLIC BODY USE ONLY

Request No.	Request Category: <input type="checkbox"/> ACCESS TO GENERAL INFORMATION <input type="checkbox"/> ACCESS TO PERSONAL INFORMATION	
Request Code	Date Rec'd YY/MM/DD	FOI Head/Coordinator Signature

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