

DISTRICT OF COLDSTREAM Request for Access to Records 0580-20

Pursuant to the Freedom of Information and Protection of Privacy Act

NAME:			
Address:			
PREFERRED DAYTIME PHONE NUMBER:	EMAIL:		
INFORMATION REQUESTED (PLEASE BE AS <u>SPECIFIC</u> AS POSSIBLE AND INCLUDE ANY REFERENCE OR FILE NUMBERS IF KNOWN AS THIS WILL ASSIST IN LOCATING THE REQUESTED RECORDS AS SOON AS POSSIBLE. ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT.)			
Personal information contained on this form is collected in compliance and protected in accordance with Section 26 of the Freedom of Information and Protection of Privacy Act, RSBC 1996 and will be used for the purpose of responding to your request. Questions about the collection and use of this information should be directed to the Head of FOIPP in the Corporate Officer's office.			
Signature:	DATE:		
IF YOU ARE NOT SENDING THIS FORM BY MAIL OR BY EMA DISTRICT ASSUMES NO LIABILITY SHOULD THE PERSONAL INFORMATION IN THIS FORM BE SHARED WITH ANYONE O THAN THE INFORMATION AND PROTECTION OF PRIVACY	IL, THE ATT 990 THER COL HEAD	rict of Coldstream ENTION: FOIPPA HEAD 11 KALAMALKA ROAD DSTREAM, BC V1B 1L6 k@coldstream.ca	

FOR INTERNAL USE ONLY			
REQUEST NO.	DATE RECEIVED:	INFORMATION REQUEST CATEGORY	
		🗆 General 🛛 OR 🗌 Personal	