City of Kelowna

Office of the City Clerk
1435 Water Street
Kelowna, BC V1Y 1J4
250 469-8645
kelowna.ca

Access to Records

Request Form

Freedom of Information and Protection of Privacy Act

CONTACT INFORMATION

Name/Title/Organization Name:	
Mailing Address:	
Daytime Phone:	Fax:
Email:	

For Office Use Only:

File #:
Date Received:

DESCRIPTION OF RECORDS

The *Freedom of Information and Protection of Privacy Act* can only be used to request copies of recorded information, not to pose questions to be responded to. Please phrase your request accordingly. Include the date or time frame for the records if applicable and be as specific as possible. This will assist us in responding to your request. Please also specify any reference or file number(s), if known.

Attach additional information if necessary.

REQUEST

Are you requesting access to another person's personal information? ☐ YES ☐ NO

If YES: Attach either a) That person's signed consent for disclosure or b) Proof of Authority to act on the person's behalf.

SIGNATURE:	**DATE:** (mm/dd/yyyy)

PREFERRED METHOD TO ACCESS RECORDS

☐ Examine original at the City of Kelowna Office of the City Clerk
☐ Receive Copy – Pick up at the Office of the City Clerk
☐ Receive Copy – Pre-paid Mail

NOTE: Information will be released upon receipt of payment of applicable fees.

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.