

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

Freedom of Information and Protection of Privacy Act

Access to Records Request Form

| CONTACT INFORMATION | | |
|---|--------------------------|---|
| Name/Organization Name: | | For Office Use Only: |
| | | File #: |
| Mailing Address: | | |
| | | Date Received: |
| Daytime Phone: | Fax: | |
| Email: | | |
| DESCRIPTION OF RECORDS | | |
| pose questions to be responded to. Please p | hrase your request acc | y be used to request copies of recorded information, not to cordingly. Include the date or time frame for the records if onding to your request. Please also specify any reference or |
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| | | |
| Attach additional information if necessary. | | |
| REQUEST | | |
| Are you requesting access to another person | n's personal information | nn? |
| | | e or b) Proof of Authority to act on the person's behalf. |
| | | |
| SIGNATURE: | DA | ATE: (mm/dd/yyyy) |
| | | |

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