



REQUEST FOR ACCESS TO RECORDS

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

YOUR CONTACT INFORMATION				
NAME	Address			
PHONE	CELL PHONE	EMAIL		
DETAILS OF REQUESTED INFORMATION				
INFORMATION REQUESTED				
Please describe the records you are requesting. Be as specific as possible as this will assist with the request process.				
Please specify any reference or file number(s), if known:			Please specify the date range of the requested records:	
ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? Yes No				
If yes, please attach either (A) that person's signed consent for disclosure; or (B) Proof of authority to act on that person's behalf.				
ACCESS PREFERENCE	Email (pdf)	Receive by Mail	Pick up copy	Examine original
YOUR SIGNATURE			Date	
SUBMITTING YOUR REQUEST				
Requests may be subject to charges. According to the <i>Freedom of Information and Protection of Privacy Act</i> , Section 7 (1), the head of the public body must respond not later than 30 days (business days) after receiving a request				
Submit your request:				
By Mail or In Person: District of North Vancouver Municipal Hall ATTN: Privacy Coordinator 355 West Queens Rd North Vancouver, BC, V7N 4N5			By Email: records@dnv.org	
<i>If you have any questions, please contact District Privacy Staff at records@dnv.org or 604-990-2211.</i>				
<i>The personal information collected on this form is done in accordance with the Freedom of Information and Protection of Privacy Act. The personal information collected herein will be used only for the purpose of processing this application or request. Further information may be obtained by speaking with The District of North Vancouver's Privacy Head at 604-990-2211 or at records@dnv.org.</i>				