

Access to Information Request Form

Personal information and personal health information on this form is collected under *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act* and will be used or disclosed only as necessary to respond to your request.

INFORMATION ABOUT YOU

Last Name

First Name

Name of Company or Organization (if applicable - optional)

Address

City

Province

Postal Code

Day Phone Number

Alternate Number

Fax Number

Email

INFORMATION ABOUT THE RECORDS YOU ARE REQUESTING

Are you requesting:

- your own personal information.
- personal information about someone other than yourself (*attach proof that you have authority to receive the information requested*).
- general information.

To which government institution are you making your request? Enter the name of the government institution that you believe has the records you are requesting. (Click [here](#) for contact information for government institutions.)

What records do you wish to access? Please provide a detailed description of the records you wish to access. This information will help locate the records.

What is the time period for the records you are requesting (if applicable)?

The person managing your request may contact you to seek clarification or to discuss aspects of the request, including the application of fees if necessary. Should fees be necessary, you may request a fee waiver but you may be required to provide evidence of substantial financial hardship among other factors (see [section 9 of the regulations](#)).

Please keep a copy of this request for your records.

FOR OFFICE USE ONLY

Date Received

Application Number

30 Day Response Date

Please direct the completed Access to Information Request Form to the appropriate government institution for response