

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. If you have any question about the collection, use or disclosure of this information, please call Information Access Operations at 250 387-1321.

You may make a request for access to records without using this form, provided you do so in writing. Including the information requested on this form will enable us to respond to your request more quickly.

Select only the specific Ministry or Agency that you believe has custody or control of the record(s) you are requesting.

MINISTRIES:

Agriculture and Food

 Environment and Climate
Change Strategy

Mental Health and Addictions

Attorney General

Finance

Municipal Affairs

Children and Family Development

Forests

 Post-Secondary Education and
Future Skills

Citizens' Services

Health

Public Safety and Solicitor General

Education and Child Care

Housing

 Social Development and Poverty
Reduction

 Emergency Management
and Climate Readiness

 Indigenous Relations and
Reconciliation

Tourism, Arts, Culture and Sport

 Energy, Mines and Low Carbon
Innovation

 Jobs, Economic
Development and Innovation

Transportation and Infrastructure

Labour

 Water, Land and Resource
Stewardship

AGENCIES:

BC Public Service Agency

Government Communications and Public Engagement

 Environmental Assessment
Office

Office of the Premier

***Requests for records belonging to public bodies NOT listed above should be sent directly to those public bodies.**

YOUR CONTACT INFORMATION:

LAST NAME	FIRST NAME	MIDDLE NAME
Any other name(s) you are also known as:		
ADDRESS (Street, Apartment No, P.O. Box)		
CITY/TOWN	PROVINCE	POSTAL CODE
PRIMARY PHONE NUMBER	Home phone	Cell phone
ALTERNATE PHONE NUMBER		
YOUR EMAIL ADDRESS		

INFORMATION REQUESTED

Describe the records you are requesting. Be as specific as possible. Attach a separate sheet if you need more space.

TIME FRAME for RECORDS

FROM (YYYY/MM/DD)

TO (YYYY/MM/DD)

A request for access to records must provide sufficient detail to enable identification of the records sought. In order to identify the personal records being sought, it is often necessary to match unique identifiers provided by an applicant with information in their file(s). Please provide:

Are you requesting personal information regarding (Check all that apply):

YOURSELF?	DATE OF BIRTH (YYYY/MM/DD)	CORRECTIONAL SERVICE NUMBER (IF APPLICABLE)
	OTHER UNIQUE IDENTIFIER (IF APPLICABLE)	EMPLOYEE ID NUMBER (IF APPLICABLE)
A CHILD?*	DATE OF BIRTH (YYYY/MM/DD)	CHILD'S FULL LEGAL NAME

*Who is under 12 years of age in your legal care
OR
Who is over 12 years of age in your legal care and determined to be unable to give their own consent
Provide proof of custody such as a court order

ANOTHER PERSON?
(Or child 12 years of age or older)

OTHER PERSON'S FULL NAME	DATE OF BIRTH (YYYY/MM/DD)
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Attach the other person's signed Consent for Disclosure or your Proof of Authority to act on that person's behalf.

Once completed, submit to Information Access Operations

Mailing Address:
Freedom of Information Request
PO Box 9569 Stn Prov Govt
Victoria BC, V8W 9K1

Fax Number: (250) 387-9843
Phone Number: (250) 387-1321
Toll Free: 1-866-660-0811
Email: FOI.Requests@gov.bc.ca