

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:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Agriculture and Food                       | <input type="checkbox"/> Environment and Climate Change Strategy   | <input type="checkbox"/> Mental Health and Addictions               |
| <input type="checkbox"/> Attorney General                           | <input type="checkbox"/> Finance                                   | <input type="checkbox"/> Municipal Affairs                          |
| <input type="checkbox"/> Children and Family Development            | <input type="checkbox"/> Forests                                   | <input type="checkbox"/> Post-Secondary Education and Future Skills |
| <input type="checkbox"/> Citizens' Services                         | <input type="checkbox"/> Health                                    | <input type="checkbox"/> Public Safety and Solicitor General        |
| <input type="checkbox"/> Education and Child Care                   | <input type="checkbox"/> Housing                                   | <input type="checkbox"/> Social Development and Poverty Reduction   |
| <input type="checkbox"/> Emergency Management and Climate Readiness | <input type="checkbox"/> Indigenous Relations and Reconciliation   | <input type="checkbox"/> Tourism, Arts, Culture and Sport           |
| <input type="checkbox"/> Energy, Mines and Low Carbon Innovation    | <input type="checkbox"/> Jobs, Economic Development and Innovation | <input type="checkbox"/> Transportation and Infrastructure          |
|   | <input type="checkbox"/> Labour                                    | <input type="checkbox"/> Water, Land and Resource Stewardship       |

**AGENCIES:**

- |  |  |
|--|--|
| <input type="checkbox"/> BC Public Service Agency        | <input type="checkbox"/> Government Communications and Public Engagement |
| <input type="checkbox"/> Environmental Assessment Office | <input type="checkbox"/> 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	<input type="checkbox"/> Home phone <input type="checkbox"/> 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):

<b>YOURSELF?</b>	DATE OF BIRTH (YYYY/MM/DD)	CORRECTIONAL SERVICE NUMBER (IF APPLICABLE)
	OTHER UNIQUE IDENTIFIER (IF APPLICABLE)	EMPLOYEE ID NUMBER (IF APPLICABLE)
<b>A CHILD?*</b>	DATE OF BIRTH (YYYY/MM/DD)	CHILD'S FULL LEGAL NAME
	<p><b>*Who is <u>under</u> 12 years of age in your legal care</b>  OR  <b>Who is over 12 years of age in your legal care and determined to be unable to give their own consent</b></p> <p style="text-align: right;"><b>Provide proof of custody such as a court order</b></p>	
<b>ANOTHER PERSON?</b> <small>(Or child 12 years of age or older)</small>	OTHER PERSON'S FULL NAME	DATE OF BIRTH (YYYY/MM/DD)

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](mailto:FOI.Requests@gov.bc.ca)