



# REQUEST FOR PAYOR INFORMATION

## Request to FMEP:

Date of Request: \_\_\_\_\_

Lower Mainland Client Office  
Box 80449  
Burnaby, BC V5H 3X9  
Fax (604) 678-5679

Northern Interior Client Office  
Box 830  
Kamloops, BC V2C 5N1  
Fax (250) 434-6033

Victoria Client Office/Enrollment Office  
Box 5100  
Victoria, BC V8R 6N3  
Fax (250) 220-4050

## Requested by:

FMW Name: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_

SDSI Office \_\_\_\_\_

Fax Number: \_\_\_\_\_

Region/City: \_\_\_\_\_

## Case Information

FMEP Case #: \_\_\_\_\_

FM ID#: \_\_\_\_\_

Recipient Name: \_\_\_\_\_

Payor Name: \_\_\_\_\_

## SDSI requests the following information for Payor:

- Alias Name(s)
- Current Address
- Telephone/Contact Number(s)

## SDSI's last known information for the Payor: (example: last known address of telephone number)

## Reason(s) why SDSI requires this information:

- to serve the Notice of Assignment
- to respond/manage an Application to Change

## Response from FMEP:

Date of Response \_\_\_\_\_

Enforcement Officer Name (please print) \_\_\_\_\_

Telephone No. & ext. \_\_\_\_\_

In accordance with the Information Sharing Agreement between the Ministry of Social Development and Social Innovation and the Ministry of Attorney General, this information is collected by FMP and disclosed by FMEP for the purpose of the administration of the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disability Act*.