



ACCESS TO RECORDS REQUEST FORM

Freedom of Information and Protection of Privacy Act

CONTACT INFORMATION

Name/Title/Organization Name:		For office use only: File #
Mailing Address:		
Daytime Phone:	Fax:	
Date received		
Email:		

DESCRIPTION OF RECORDS

The *Freedom of Information and Protection of Privacy Act* can only be used to request copies of recorded information, not to pose questions to be responded to. Please phrase your request accordingly. Include the date or time frame for the records if applicable and be as specific as possible. This will assist us in responding to your request.

Attach additional information if necessary

REQUEST

Are you requesting access to another person's personal information?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, attach either		
<input type="checkbox"/> that person's signed consent for disclosure or		
<input type="checkbox"/> proof of authority to act on the person's behalf		

Signature:	Date:
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PREFERRED METHOD TO ACCESS RECORDS

<input type="checkbox"/> Examine original at the Village of New Denver municipal office
<input type="checkbox"/> Receive copy – Pick up at Village of New Denver municipal office
<input type="checkbox"/> Receive copy – Prepaid mail

NOTE: Information will be released upon receipt of payment of applicable fees