



# FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

## ACCESS REQUEST FOR RECORDS HELD BY THE CITY OF MISSION

### YOUR NAME

LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> MISS	<input type="checkbox"/> MS.
			<input type="checkbox"/> MRS.	<input type="checkbox"/> MR.

### YOUR ADDRESS

STREET, APARTMENT NO., P.O. BOX, R.R. NO.	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE
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### YOUR TELEPHONE/FAX NUMBER(S)

DAY PHONE NO.	ALTERNATE PHONE NO.	DAY FAX NO.
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### DETAILS OF REQUESTED INFORMATION

INFORMATION REQUESTED (PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING.) BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST THE REQUEST PROCESS. ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT.	PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S) IF KNOWN
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ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION?  YES  NO  
 IF SO, PLEASE ATTACH, AS APPROPRIATE:  
 (A) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR (B) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF

PREFERRED METHOD OF ACCESS TO RECORDS <input type="checkbox"/> EXAMINE <input type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE	DATE SIGNED
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YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING.

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.

AFTER YOU HAVE COMPLETED THE FORM, HIT THE SUBMIT BUTTON TO EMAIL IT TO [FOI@MISSION.CA](mailto:FOI@MISSION.CA).  
 DEPENDING ON THE VERSION OF ADOBE ACROBAT YOUR COMPUTER IS USING, YOU MAY BE REQUIRED TO DOWNLOAD THIS FORM AND SAVE IT AS A PDF PRIOR TO FILLING IT IN.

### FOR PUBLIC BODY USE ONLY

REQUEST NO.	DATE RECEIVED	NAME OF FOI CO-ORDINATOR
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### SUMMARY OF STAFF TIME SPENT ON REQUEST

FIRST THREE HOURS FREE, AFTER THREE, HOURS \$30.00 PER HOUR						
LOCATE RECORDS	REVIEW RECORDS	SEVER RECORDS	PREPARE RESPONSE PKG.	NAME(S)	DEPT/DIV	TOTAL HOURS SPENT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____