



**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY**

**ACCESS REQUEST FOR RECORDS HELD BY  
THE DISTRICT OF MISSION**

**YOUR NAME**

LAST NAME	FIRST NAME	MIDDLE NAME	O P T I O N A L	<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 YR   MO   DAY
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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.

**FOR PUBLIC BODY USE ONLY**

REQUEST NO.	DATE RECEIVED YR.   MO   DAY	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"/>	_____	_____	_____