



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	<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		
YOUR TELEPHONE/FAX NUMBER(S)						
DAY PHONE NO.	ALTERNATE PHONE NO.		DAY FAX NO.			
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			
ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> 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		
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 <i>THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT</i> 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 . 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		
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"/>	_____	_____	_____
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____