



## ACCESS TO INFORMATION REQUEST FORM-FDOC-001

### INFORMATION ABOUT YOU

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Band membership#: \_\_\_\_\_

Name of Company or Organization (if applicable - optional): \_\_\_\_\_

Address: \_\_\_\_\_ City : \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

### ARE YOU REQUESTING:

- your own personal information? **Yes/NO**
- personal information about someone other than yourself (*attach proof that you have authority to receive the information requested*).
- general information.

**TO WHICH DEPARTMENT ARE YOU MAKING YOUR REQUEST?** *Enter the department you believe has the records you are requesting.*

**WHAT RECORDS DO YOU WISH TO ACCESS?** *Please provide a detailed description of the records you wish to access.  
(This information will help locate the records).*

### WHAT IS THE TIME PERIOD FOR THE RECORDS YOU ARE REQUESTING (IF APPLICABLE)?

We may contact you to seek clarification or to discuss aspects of the request, if necessary.

Please keep a copy of this request for your records.

\_\_\_\_\_  
*Signature of Applicant*

### FOR OFFICE USE ONLY

Date Received \_\_\_\_\_ Application Number \_\_\_\_\_ 30-Day Response Date: \_\_\_\_\_