

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

ARCS NO. 292-30/ 292-40/

REQUEST FOR ACCESS TO RECORDS

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST					
THE	CORPORATIO	N OF THE DIS	TRICT OF	SUMMER	LAND
		YOUR NAMI			
LAST NAME	FIRST NAME	MIDDLE	NAME	OPTIONAL	MISS
		YOUR ADDRE	SS		
STREET, APARTMENT NO., P.O. BOX, R.R. NO.		CITY / TOWN	PROV	/INCE / COUNTRY	POSTAL CODE
	Y	OUR CONTACT INFO	ORMATION		
DAY PHONE NO.	ALTER	NATE PHONE NO.		E-MAIL ADDRESS	
()	()			
	DETAII	LS OF REQUESTED	INFORMATIO	N	
INFORMATION REQUESTED AS POSSIBLE, AS THIS WILL BELOW IS NOT SUFFICIENT.				LIVER TO THE PROPERTY OF THE	IFY ANY REFERENCE OR FILE F KNOWN
ARE YOU REQUESTING A	CCESS TO ANOTHER PERSO	N'S PERSONAL INFORMATI	on? \ Yes	□ NO	
(IF SO, PLEASE ATTACH, A a) THAT PERSON'S SIGNE		IRE, OR	JN:	No	
PREFERRED METHOD OF ACCESS TO RECORDS EXAMINE ORIGINAL RECEIVE COPY	YOUR SIGNATURE				DATE SIGNED (YYYY MMM DD)
	FOF	R PUBLIC BODY	USE ONLY		
REQUEST NO.		CCESS TO <u>G</u> ENERAL INI ARCS 292-30/	FORMATION [ACCESS TO ACCESS	PERSONAL INFORMATION)
REQUEST CODE	DATE RECEIVED (YYYY MMM DE	NAME OF PUBLI	C BODY RECEIVING RI	EQUEST	
BIRTHDATE AND CORRECT PERSONAL INFORMATION	TFOR ACCESS TO RECORE TIONS SERVICE NO. ARE REI CONTAINED ON THIS FORM OR THE PURPOSE OF RESP	QUIRED TO VERIFY THE IND IS COLLECTED UNDER THE	DIVIDUAL REQUEST FREEDOM OF INF	ING THE INFORMAT	