

## CLBC – Request to Access Information

Personal information on this form is collected under S.26 of BC’s Freedom of Information and Privacy Protection Act (FOIPPA) and is used to respond to your request. The records released to you will follow the rules of FOIPPA. Please allow a minimum of 30 business days for CLBC to respond. If you have any questions about this form or getting personal information from CLBC, please contact the Privacy Officer at 1-877-660-2522 (toll free) or email [PrivacyOfficerCLBC@gov.bc.ca](mailto:PrivacyOfficerCLBC@gov.bc.ca).

### **How to use this form:**

- 1) Select the type of information that you want in PART 1.
- 2) Fill out your contact information in PART 2.
- 3) If you are asking for someone else’s information, fill out PART 3.
- 4) Tell us about the information that you want in PART 4.
- 5) Pick how you want to get the information in PART 5.
- 6) Sign and date the form.
- 7) To submit your completed form and any supporting documents to CLBC:
  - drop off the form in person or send by mail to your local CLBC office; or
  - mail the form to the CLBC Privacy Officer at:  
7th Floor, Airport Square, 1200 – West 73rd Avenue, Vancouver, BC V6P 6G5; or
  - fax the form to 604-664-0765, attention “Privacy Officer”.

### **PART 1: What type of information or records do you want?**

Your personal records      Someone else’s personal records      General (non-personal) records

### **PART 2: Your contact information**

Last name:

First name:

Your date of birth (Year / Month / Day):

Phone number during day:

Other telephone number where you can be called (if you have one you want to give):

Email address (if you have one you want to give):

Mailing address (street or box number, city, postal code):

Are you requesting someone else’s personal information?

- If YES. Go to PART 3.
- If NO. Go to PART 4.

### **PART 3: Asking for someone else's personal information**

Requests for someone else's information are not allowed unless you have the authority to access the information. If you have not previously done so, please submit a copy of the Representation Agreement or Committeeship order (a court-appointed guardian) or written consent signed by the individual using the options provide under "How to use this form" on page 1.

Yes. I will provide a copy of legal representation or consent.

Last name of the person:

First name of the person:

Person's date of birth (Year, Month, Day):

### **PART 4: Information Requested**

Describe the information you want. Ask for your local CLBC office for help if you are not sure what information fits your request.

If possible, write down the years / months you want the records for:

Start date (Year, month):

End date (Year, month):

### **PART 5: Delivery of information**

Pick which way you want to receive the information. You may be asked to give identification at the time of delivery. CLBC is unable to email records to you.

I want to view the paper records at my local CLBC office.

Name of local office or city:

I will pick up the copy of the information at my local CLBC office.

I would like the copy of the information mailed to me.

### **Sign and Date:**

Name: \_\_\_\_\_ Signature (if filling out printed form): \_\_\_\_\_

Date: \_\_\_\_\_