

# **Request to Access Information**

Personal information on this form is collected under Alberta's *Freedom of Information and Protection of Privacy Act* and will be used to respond to your request. See instructions for completing this form.

| About you                     | Title (optional)  | Last Name   |  | First Name |             |
|-------------------------------|---|---|--|------------|-------------|
|                               | Name of Company or Organization ( <i>if applicable</i> )  |   |  |            |             |
|                               | Mailing Address   | Street  | City/Town/Village  | Province   | Postal Code |
|                               | Telephone Number (d<br>()<br>E-mail Address   | aytime)   | Telephone Number <i>(evening)</i><br>(  )  |            |             |
| About your<br>request         |   | ormation ( <i>An initio</i><br>ersonal informatio | al fee of \$25 is required – see instructions f<br>on (No initial fee is required for personal inj |            |             |
| About the information you     | <ol> <li>What records do you want to access? Please give as much detail as possible. (If you want access to your own personal information, be sure to give all your previous names. For another person's information, you must attach proof that you can legally act for that person.)</li> </ol> |   |  |            |             |
| want to access                |   | . ,   |  |            |             |
|                               | 2. What is the time period of the records? Please give specific dates. (See instructions for details.)  |   |  |            |             |
| Your signature                | Signature Date  |   |  |            |             |
|                               |   |   |  |            |             |
| Where to send<br>your request | Send your completed request form and initial fee, if applicable, to the FOIP Coordinator, 5404-56 Avenue Lacombe, AB T4P 1G1.   |   |  |            |             |
|                               | Date Received   |   | FOR OFFICE USE ONLY Request Number   |            |             |
|                               |   |   | request number   |            |             |
|                               |   |   | Comments   |            |             |

# **Request to Access Information**

## Instructions

You can access many public body records without making a request under the *Freedom of Information and Protection of Privacy Act* (the *FOIP Act*). To determine whether you need to make a request under the Act or if you need help completing the form, contact the FOIP Coordinator of Parkland Regional Library at 403-782-3850 or <u>FOIP@prl.ab.ca</u>.

#### About you

In this part of the form enter:

- your last name, first name and preferred title, if any;
- the name of the company or organization you are representing, if applicable;
- your complete mailing address and daytime and evening telephone numbers so that the public body can contact you about the request;
- an e-mail address, if any, where correspondence may be sent.

### About your request

If you need help to find out what records Parkland Regional Library has, please contact the FOIP Coordinator.

1. What kind of information do you want to access? Check general or personal information.

**General information** is information other than personal information (see below). For example, it would include information about a third party.

Do not include your credit card information in the mail.

- There is an initial fee of \$25.00.
  - Please make the cheque payable to Parkland Regional Library.
- Parkland Regional Library provides you with an estimated cost before processing begins
- If the total cost of processing your request is more than \$150, you are asked to pay a 50% deposit.

• The records are provided when the fee is paid in full. **Personal information** is your own personal information or the personal information of an individual you are entitled to represent.

- You must provide proof of your identity before records containing your personal information are released to you.
- If you are requesting records for another person, you must provide proof that you have authority to act for that person (e.g. guardianship or trusteeship order, power of attorney).
- There is no initial fee for accessing your own personal information.

If the cost of photocopying is more than \$10, you will be notified of the fee.

**Continuing request:** This is a single request that is processed more than once at predetermined time intervals over a period of up to 2 years.

- Contact the FOIP Coordinator of the public body if you are making a continuing request.
- The initial fee is \$50.00.
- You must pay any additional costs as the information becomes available.
- 2. Do you want to receive a copy of the record OR examine the record? Check the appropriate box indicating whether you want to receive a copy of the record *or* examine the record.

#### About the information you want to access

#### 1. What records do you want to access?

- Be as specific as possible in describing the records.
- If you need more space, continue your description on a separate sheet of paper and attach it to this request form.

#### If requesting your own personal information, give:

- your full name;
- any other names that you have previously used; and
- any identifying number that relates to the records, such as your employee number, case number or other identification number.

#### If requesting another person's information, give:

- the person's full name;
- any other name that person may have used on the records; and
- any identifying numbers for the person, if you know them.

If you are requesting records for another person, you will have to provide proof that you have authority to act for that person.

2. What is the time period of the records? Enter the specific dates or date ranges of the records you want to access. (e.g. if you want records for the period January 1, 2005 to August 31, 2007, enter those dates. If you want records from August 2008 to present, enter "August 2008 to present.")

#### Your signature

Sign and date the form.

#### Where to send your request

Send your completed form, and initial fee if applicable, to: FOIP Coordinator, Parkland Regional Library System, 4565-46 Street, Lacombe, AB T4L 0K2