



Request to Access Information

Columbia Shuswap Regional District
 555 Harbourfront Drive NE
 PO Box 978, Salmon Arm, BC V1E 4P1
 PH: (250) 832-8194 FAX: (250) 832-9774
www.csr.bc.ca

About you

Last Name		First Name		
Name of Company or Organization (if applicable)				
Mailing Address	Street	City/Town/Village	Province	Postal Code
Telephone Number		Fax Number		
Email Address				

About your request

Informal Request via Routine Channels:
 Since the majority of all of the Regional District's information is available through routine channels, you should always start by making an informal request.

Formal FOI Requests:
 If the information you are seeking is not available through routine channels, then you may make a FOI request for records containing the information.

About the information you want to access

1. Provide details regarding the information being sought. (If more space is required you may use the reverse side of this form.)

2. What is the time period of the records? Please give specific dates

3. Do you want to: receive a copy of the record? **OR** examine the record?
 via Email
 photo copy (charges may apply)

Your signature

Signature	Date
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Where to send your request

Your completed request form can be submitted to the address below:

Information and Privacy Coordinator
 Columbia Shuswap Regional District
 555 Harbourfront Drive
 PO Box 978
 Salmon Arm, BC V1E 4P1
 FAX: (250) 832-9774

FOR OFFICE USE ONLY	
Date Received	Comments
<input type="checkbox"/> FOIP <input type="checkbox"/> Informal	

Instructions

Be specific as possible in describing the information you are requesting. 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).

Additional Space

Provide details regarding the information being sought. If you need more space, continue your description on a separate sheet of paper and attach it to this request form.