

Signature

Municipal District of Fairview No. 136



Request to Access Information

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

About you							
Last	Name		First Name				
Name of Company or Organization (if applicable)							
Maili	Mailing Address						
City or Town			Province	Postal Code			
Telephone		Fax Number	Email				
About your Request 1. What kind of information do you want to access?							
1. What kind of information do you want to access?							
	Please check one:						
	□ General information (An initial fee of \$25 is required – see instructions for explanation of fees)						
	\Box Your own personal information (No initial fee is required for personal information)						
	\Box Personal information about another (Please attach proof that you can legally act for that person)						
2.	Do you want to:	a conv of the record?	OR a examine the re	ecord?			
2.							
	Copies of responsive records will be provided electronically, through email, unless precluded by file size. In						
	the event that a file is too larg	e to send through emai	il, it will be uploaded onto a	flash drive and mailed to			
	you.						
Δh	out the Information you w	ant to access					
1.			e as much detail as possible	e. If you need more space,			
	please attach a separate piece of paper.						
2.	. What is the time period of the record(s)? If possible, please give specific dates (See instructions for details.)						
Va	ur cianaturo						
10	our signature						

Date



Municipal District of Fairview No. 136



Request to Access Information

Request to Access Information – Instructions

You can access many Municipal records without making a request under *the Act*. To determine what records are in the Municipal District of Fairview No. 136's care and control, whether you need to make a request under *the Act*, or if you need help completing the form, contact the FOIP Coordinator at 780-835-4903. Sign and date the form and send it to the FOIP Coordinator using any ONE of the following methods:

- Fax: 780-835-3131
- Mail: P.O. Box 189, Fairview, Alberta, T0H 1L0
- Email: mdinfo@mdfairview.ab.ca
- In person at the Municipal office located at 10957 91 Ave, Fairview, Alberta.

Determining the fee required for your request

Are you requesting general information?

- There is an initial fee of \$25.00. For a request to the Municipal District of Fairview No. 136, make the cheque payable to the Municipal District of Fairview No. 136.
- The Municipality 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.
- Generally, the records are provided when the fee is paid in full.

Are you requesting personal information?

- 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.

How to ask for the records you want to access

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.

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.")

What to Expect After Submitting Your Request

- Within a few days you should receive an acknowledgment letter, confirming receipt of your request.
- You may also receive a call or email asking for further clarification.
- Read the wording used on the acknowledgment letter as it may not be identical to what you submitted. If the wording appears to be changing the intention of your request, please contact the FOIP Coordinator at 780-835-4903 or mdinfo@mdfairview.ab.ca.



Municipal District of Fairview No. 136



Request to Access Information

Payment Options

Please indicate how you will be paying for this request:

Please check one:

- □ **By mail:** Cheques or bank drafts should be made payable to Municipal District of Fairview No. 136 and mailed to P.O. Box 189, Fairview, Alberta T0H 1L0.
- □ **In person:** Cash, debit or credit card payments can be made in person at: 10957, 91 Avenue, Fairview, Alberta.
- □ **Online:** Credit card payments can be made online using the OptionPay link on our website www.mdfairview.ab.ca.

Office Use Only – Request Details					
Date Received	Inquiry Number	Date Completed			

The personal information on this form is collected under the *Freedom of Information and Protection of Privacy Act* and will be used to respond to your request to access information. Please forward any questions or concerns to the FOIP Coordinator at Box 189, 10957 – 91 Ave, Fairview, AB T0H 1L0. **Phone:** 780-835-4903 or **email:** mdinfo@mdfairview.ab.ca.