



Request for Access to Records

Complete to request records from Legal Aid BC under the Freedom of Information and Protection of Privacy Act

APPLICANT COMPLETES

Note: The Information contained on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request.

1. Name

Last Name

First Name

Middle Name

Address

Number, Street, City and Postal Code

Province

Phone Number

Fax Number

2. ► Are you making this request on behalf of another person?

Yes No

3. ► Are you requesting access to someone else's personal information?

Yes No

If you have obtained that person's consent to disclosure, attach the proof of consent.

4. Describe the records you are requesting: *(attach a separate sheet if necessary)*

To speed up your request:

- Be specific

- Give the Legal Aid BC case file number if possible

- Supporting documents attached?

Yes No

- If the name on the requested record is different from the name written above, give the full name that appears on the record.

5. How would you prefer to see your records? *(tick one)*

I would like to examine the record itself

I would like to receive a copy of the record

6. Applicant signature _____

Date _____

7. MAIL COMPLETED FORM TO:

Manager, Communications, Legal Aid BC, 400 – 510 Burrard St., Vancouver, BC V6C 3A8

LEGAL AID BC USE ONLY

Request no. _____

Received by:

Name

Office

Phone

Applicant ID shown: _____

Date _____

ID name/#: _____