



## 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:**

General Counsel & Corporate Secretary, 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/#: \_\_\_\_\_