

REQUEST FOR INFORMATION

INSTRUCTIONS

Personal information on this form is collected in accordance with the *Right to Information and Protection of Privacy Act (RTIPPA)*.

ABOUT YOU

In this section of the form, please include:

- your last name, first name and 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 City can contact you;
- a fax number or email address, if any, where correspondence may be sent.

ABOUT YOUR REQUEST/INFORMATION YOU WANT TO ACCESS

- Please check what kind of information you want to access.
- Indicate whether you would like to receive a copy of the document or examine the document in person.
- Be as specific as possible in describing the documents, i.e. time, place and event in order to identify the requested document(s). Feel free to add any additional information that you think may help with processing your request. If you need more space than provided, continue your description on a separate sheet of paper and attach it to the request form.

ABOUT YOUR PERSONAL INFORMATION

- Please be sure to give your full name and any other names that you previously used and any identifying number that relates to the records in question.
- If you are requesting information on behalf of another person, please attach proof that you can legally act for that person.

WHERE TO SEND YOUR REQUEST

- Be sure to sign, date and send your request to the Clerk, at the contact details you will find at the end of this form.

ABOUT YOU

Last name

First name

Name of company or organization (where applicable)

Mailing address

City or Town

Province

Postal code

Home telephone number

Work telephone number

Fax number

Email

Personal information on this form is collected under the authority of the *Right to Information and Protection of Privacy Act* and the *Personal Health Information Privacy and Access Act* for the purpose of processing your application. Questions about this collection of personal information can be directed to the Clerk, 333 Acadie Avenue, Dieppe, New Brunswick, E1A 1G9, 506.877.7900.

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ABOUT YOUR REQUEST

1. What kind of information do you want to access? Please check one.

- General information
- My own personal information
- Information about another individual
(Please attach proof that you can legally act for that person.)

2. Do you want to? Please check one.

- Receive a hard copy of the record?
- Receive an electronic copy of the record?
- Examine the record in person?

ABOUT THE INFORMATION YOU WANT TO ACCESS

1. What record do you want to access? (Please provide as much detail as possible - see instructions.)

2. What is the time period of the records? (Please give specific dates. See instructions for details.)

From	To
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<hr/>	<hr/>
<hr/>	<hr/>

YOUR SIGNATURE

<hr/>	<hr/>
Signature	Date

WHERE TO SEND YOUR REQUEST: Clerk
City of Dieppe
333, Acadie Avenue
Dieppe, New Brunswick E1A 1G9
Email: clerksoffice@dieppe.ca
Telephone: 506.877.7900

FOR CITY USE ONLY

<hr/>	<hr/>
Date received	Request identification number

Comments