



Access to Records Request

Freedom of Information and Protection of Privacy Act

Type of Request:

<input type="checkbox"/> Access to general records (non-personal information)	<input type="checkbox"/> Access to own personal information	<input type="checkbox"/> Access to other's personal information by authorized party (please attach appropriate document proving your authority)
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Requestor's Information (please print)

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS		
DAYTIME PHONE NUMBER	EMAIL ADDRESS (INDICATES PERMISSION TO CONTACT YOU BY EMAIL)	
RELATIONSHIP TO PGT CLIENT		

Description of Records Requested (please be as specific as possible to assist the search process)

PGT CLIENT NAME:	PGT FILE NUMBER:	PGT CLIENT DATE OF BIRTH:	PGT CLIENT DATE OF DEATH:
DESCRIPTION OF RECORDS REQUESTED: (PLEASE BE AS SPECIFIC AS POSSIBLE)			
TIME PERIOD OF THE RECORDS REQUESTED (if applicable) FROM (dd/mm/yyyy)	TO (dd/mm/yyyy)	METHOD OF ACCESS <input type="checkbox"/> Receive a Copy	<input type="checkbox"/> Examine original (on site only)

SIGNATURE OF APPLICANT

DATE

Personal information on this form is collected under s.26 of the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of processing and responding to your request for records. If you have any questions, please contact Information Access at 604-660-5181.

Once completed please mail, fax or email to PGT Information Access along with documents proving your authority (if applicable).

Mailing Address: PGT – Information Access
700-808 West Hastings Street
Vancouver, BC V6C 3L3

Email: mail@trustee.bc.ca
Fax: 604-775-0207