

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Mr.  Mrs.  Ms.  Miss  Other   
Address: \_\_\_\_\_ City/Town: \_\_\_\_\_  
Province/Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Day phone #: \_\_\_\_\_  
Alternate Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Details of Requested Information

Please describe the records you are requesting and be as specific as possible. You may attach a separate sheet if necessary.  
*Example "I would like a copy of the Fire Department incident report for the motor vehicle accident that occurred at 9 a.m. on January 24, 2013 at the intersection of Guildford Way and Pinetree Way"*

**Are you requesting access to another person's personal information?** *If so, please attach, as appropriate:*

- A. That person's signed consent for disclosure; or
- B. Proof of authority to act on that person's behalf

**Preferred method of access to records:**

Examine original:  Receive copy:

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date signed

(Year/month/day)

You may make a request for access to records without using this form, provided you do so in writing.

Please complete this form and submit it to the attention of:  
Lauren Hewson – Information, Privacy and Administrative Services Manager  
3000 Guilford Way, Coquitlam, BC, V3K 7N2  
Phone: 604.927.3011 Fax: 604.927.3015  
email: [FOI@coquitlam.ca](mailto:FOI@coquitlam.ca)

Date Received

The personal information collected on this form is collected in accordance with the *Freedom of Information and Protection of Privacy Act (the 'Act')*. The City has authority to collect your information for the purposes of administering the FOI process in accordance with Section 5 of the Act. Should you have any questions or concerns about the collection of your personal information please contact Lauren Hewson by following the contact information listed above.