



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

Yes No

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/#: _____