

**FREEDOM OF INFORMATION AND
PROTECTION OF PRIVACY ACT (FOIPPA)
REQUEST FOR ACCESS TO RECORDS**

NAME OF PUBLIC BODY			
BC OIL AND GAS COMMISSION			
YOUR NAME			
LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other:
YOUR ADDRESS			
STREET ADDRESS	CITY/TOWN	PROV/COUNTRY	POSTAL CODE
YOUR CONTACT INFORMATION			
DAY PHONE NO.	ALTERNATE PHONE NO.	EMAIL ADDRESS	
DETAILS OF REQUESTED INFORMATION			
<p>Information Requested: (Please describe the records you are requesting. Be as specific as possible, as this will assist the request process. Attach a separate sheet if the space provided below is not sufficient.)</p> 			
Are you requesting access to another person's personal information? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please attach as appropriate: <ol style="list-style-type: none"> That person's signed consent for disclosure, or Proof of authority to act on that person's behalf 			
PREFERRED METHOD OF ACCESS TO RECORDS: <input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE		DATE SIGNED (YYYY/MM/DD)
FOR BC OIL AND GAS COMMISSION USE ONLY			
DATE RECEIVED (YYYY/MM/DD)		REQUEST CATEGORY (Access to Personal or General Information)	
<ul style="list-style-type: none"> You may make a request for access to records without using this form, provided you do so in writing. Personal information contained on this form is collected under the <i>Freedom of Information and Protection of Privacy Act</i> and will be used only for the purpose of responding to your request. 			