

## 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		IAME	ME MIDDLE NAME			
					Miss	☐ Ms ☐ Mrs
				□Mr	☐ Other:	
YOUR ADDRESS						
STREET ADDRESS		CITY/TOWN	, , , D D I L	PROV/COUNTRY		POSTAL CODE
		,		11101,0001111		
YOUR CONTACT INFORMATION						
DAY PHONE NO. ALTER		NATE PHONE NO. EMAIL ADDRESS				
DETAILS OF REQUESTED INFORMATION						
<b>Information Requested:</b> (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.						
Are you requesting access to another person's personal information?  YES NO						
If so, please attach as appropriate:	-	personal information.	□ .20	<u> </u>		
1. That person's signed consent for disclosure, or						
2. Proof of authority to act on that person's behalf						
PREFERRED METHOD OF ACCESS TO RECORDS:		YOUR SIGNATURE		DATE SIGNED (YYYY/MM/DD)		
EXAMINE ORIGINAL						
RECEIVE COPY						
FOR BC OIL AND GAS COMMISSION USE ONLY						
DATE RECEIVED (YYYY/MM/DD)			ESI CATE	ORY (Access to F	ersonal or G	eneral information)
You may make a reques	t for access	s to records without using	this form in	rovided you do so in v	writing.	
-		this form is collected und	-	· ·	_	Privacy Act and will be
used only for the purpose of responding to your request.						