

# Request to Access Information

Personal information on this form is collected under Prince Edward Island's Freedom of Information and Protection of Privacy Act and will be used to respond to your request. See instructions for completing this form.

| 4 | hout                                    | You |
|---|-----------------------------------------|-----|
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| About You                                                                                                                                                                                                                                                                                                                                                                                   |                                       |             |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------|--|--|
| ☐ Mr. ☐ Ms. ☐ Dr. Last Name ☐ Mrs. ☐ Miss                                                                                                                                                                                                                                                                                                                                                   | First Name                            |             |  |  |
| Name of company or organization (if applicable)                                                                                                                                                                                                                                                                                                                                             |                                       |             |  |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                             |                                       |             |  |  |
| City or Town                                                                                                                                                                                                                                                                                                                                                                                | Province                              | Postal Code |  |  |
| Telephone (day)                                                                                                                                                                                                                                                                                                                                                                             | Email                                 |             |  |  |
| About Your Request                                                                                                                                                                                                                                                                                                                                                                          |                                       |             |  |  |
| <ol> <li>What kind of information do you want to access?</li> <li>General Information (An initial fee of \$5.00 is required – see instructions for explanation of fees.)</li> <li>Personal Information (No initial fee is required for personal information.)</li> <li>To which public body are you making your request? (Please fill in the name of the organization.)</li> </ol>          |                                       |             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                             | · · · · · · · · · · · · · · · · · · · | ·           |  |  |
| <ol> <li>Do you want to: (a) receive a copy of the record? □ OR (b) examine the record? □</li> <li>What records do you want to access? Please give as much detail as possible. (If you want access to your own personal information, be sure to give all your previous names. For another person's information, you must attach proof that you can legally act for that person.)</li> </ol> |                                       |             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                             |                                       |             |  |  |
| 5. What is the time period of the records? Please give specific dates. (See instructions for details.)                                                                                                                                                                                                                                                                                      |                                       |             |  |  |
| Your Signature                                                                                                                                                                                                                                                                                                                                                                              |                                       |             |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                   | Date                                  |             |  |  |
| For FOIPP office use only:                                                                                                                                                                                                                                                                                                                                                                  |                                       |             |  |  |
| Date Received                                                                                                                                                                                                                                                                                                                                                                               | Request Number                        |             |  |  |

# **Request to Access Information Instructions**

You can access many public body records without making a request under the *Freedom of Information and Protection of Privacy Act (FOIPP)*. To determine whether you need to make a request under the *Act* or if you need help completing the form, contact the organization to which you are making the request.

### About you

In this part of the form enter:

- Your last name, first name and preferred title, if any;
- The name of the company or organization you are representing, if applicable;
- Your complete mailing address and daytime telephone numbers so that the public body can contact you about the request;
- email address, if any, where correspondence may be sent

# About your request

1. What kind of information are you requesting? Check **general** or **personal** information.

#### **General information**

- There is an initial fee of \$5.00. Please make your cheque payable to the Minister of Finance when dealing with Government
   Departments. Other public bodies require the cheque to be made out to their specific entity (e.g. Workers Compensation Board, Confederation Centre of the Arts). If you have any questions please feel free to contact the Access and Privacy Services Office at 902-569-0568.
- You will be provided with an estimated cost before processing begins. If you agree to the estimated fee, you are required to pay 50% of the estimate fee before the processing of your request begins.
- The records are provided when the fee is paid in full.

#### **Personal information**

- You must provide proof of your identity before records containing your personal information are released to you.
- If you are requesting records for another person, you must provide proof that you have legal authority to act for the person (e.g. Guardianship or trusteeship order, power of attorney).
- There is no initial fee for accessing your own personal information, but if photocopying is required, the cost will be 8 cents per page.
- 2. Enter the name of the pubic body that you believe has the records that you are requesting.
- 3. Check the appropriate box indicating whether you want to receive a copy of the record or examine the record.

# About the information you want to access

- 1. What information are you requesting?
  - Be as specific as possible in describing the records.
  - If you need more space, continue your description on a separate sheet of paper and attach it to this request form.
    - If you are requesting your own personal information, give:
  - · Your full name:
  - · Any other names that you have previously used;

#### And

- Any identifying number that relates to the records, such as your employee number, case number or other identification.
  - If you are requesting another person's information, give:
- · The person's full name;
- Any other name that person may have used on the records; and
- Any identifying numbers for the person, if you know them.
  - If you are requesting records for another person, you will have to provide proof that you have legal authority to act for that person.
- Enter the time period of the requested records. (e.g.
  if you want records for the period January 1, 1998
  to August 31, 2000, enter those dates. If you want
  records from August 1997 to present, enter "August
  1997 to present.")

# Your signature

Sign and date the form and send it to the Access & Privacy Services Office or to the appropriate organization.