



DISTRICT OF  
**100 Mile House**

**FREEDOM OF INFORMATION AND PROTECTION OF  
PRIVACY REGULATION  
REQUEST FOR INFORMATION**

**DATE:** \_\_\_\_\_

**NAME:**

\_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

**PHONE:**

**EMAIL:**

\_\_\_\_\_

**INFORMATION REQUESTED:**

(use back of this page if more space is required)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of person making request

**FEES:**

An applicant making a request shall pay to the District of 100 Mile House the fees set out in schedule of fees in the *Freedom of Information and Protection of Privacy Act and Regulation* for the purposes of:

- |   |          |
|---|----------|
| a) locating, retrieving and producing a record; | \$ _____ |
| b) preparing a record for disclosure;           | \$ _____ |
| c) shipping and handling a record; and          | \$ _____ |
| d) providing a copy of a record.                | \$ _____ |

**TOTAL FEE:** \$ \_\_\_\_\_

**Request taken by:** \_\_\_\_\_

The information collected on this form will be managed, used and disclosed in accordance with the provisions of the *Freedom of Information and Protection of Privacy Act*.