

## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY Request for Information

**Payment Card Industry Data Security Standards prevent the use of credit card information sent through email or fax. A Client Service Representative will contact you within three business days to complete any payment process required.**

**Note:** The information on this form is collected to administer the provisions of the BC Safety Standards Act and section 26 of the Freedom of Information and Protection of Privacy Act. If you have questions about the collection, use, or disclosure of this information, contacts the Records, Information & Privacy Analyst at 1-866-566-7233.

REQUESTER						
LAST NAME	FIRST NAME		MIDDLE NAME			
STREET, APARTMENT NO., P.O. BOX, R.R. NO.		CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE		
DAY PHONE NO. ( )	ALTERNATE PHONE NO. ( )	DAY FAX NO. ( )				
DETAILS OF REQUESTED INFORMATION						
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 BELOW IS NOT SUFFICIENT.						
ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>						
(IF SO, PLEASE ATTACH, AS APPROPRIATE: (A) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR (B) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF						
<input type="checkbox"/> Checking this box and submitting this form to Technical Safety BC <b>via email</b> constitutes your authorization. This has the same effect as submitting a handwritten signature.						
PREFERRED METHOD OF ACCESS TO RECORDS <input type="checkbox"/> EXAMINE <input type="checkbox"/> RECEIVE COPY		YOUR SIGNATURE		DATE SIGNED YYYY MM DD		
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 <i>THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT</i> AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.						
FOR INTERNAL USE ONLY						
REQUEST NO.	DATE RECEIVED YYYY MM DD		ASSIGNED TO			
SUMMARY OF STAFF TIME SPENT ON REQUEST						
LOCATE / RETRIEVE RECORDS	REVIEW RECORDS	SEVER RECORDS	COPY RECORDS	PREPARE RESPONSE PKG.	NAME(S)	TOTAL HOURS SPENT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____
CALCULATION OF FEE						
Total time spent :		_____ x \$ 30.00	\$ _____			
Less 1 <sup>st</sup> 3 hours for location/retrieval:		3 x \$ 30.00	\$ ( 90.00 )			
Less sever time:		_____ x _____	\$ _____			
Copying charges:		_____ x _____	\$ _____			
Shipping charges (at cost):			\$ _____			
<b>TOTAL CHARGE</b>			<b>\$ _____</b>			
Less deposit:			\$ ( _____ )			
<b>TOTAL OWING</b>			<b>\$ _____</b>			

Technical Safety BC is working towards going paperless! Participate by signing up for email correspondence.