

# Information Request Form

under the *Freedom of Information and Protection of Privacy Act*



## applicant information

Last Name		First Name	
Address		City/Town	
Province		Postal Code	
Telephone (W)	Telephone (H)	email	

## details of requested information

Please provide a specific and detailed description of the information requested, including a date range:

- I would like a copy of the requested record(s)
- I would like to examine the original record(s); subject to any regulations governing access

Date (Day/Month/Year)

Signature

Personal information contained on this form is collected according to the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request.

Send to: BCLC, 74 West Seymour Street, Kamloops, B.C., V2C 1E2  
or Fax: 250.828.5697

Attention: Information and Privacy Administrator