



# Request to Access Information

The personal information requested on this form is collected under the authority of Section 11(1)(b) of the Bylaw to Regulate Access to Information and Protection of Personal Information, Three Rivers Bylaw 2023-04, and will be protected under Section 16 of that Bylaw. It will be used to respond to your request.

See instructions for completing this form.

## About You

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Last Name		First Name	
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss					
Name of company or organization (if applicable)					
Mailing Address					
City or Town			Province		Postal Code
Telephone (day)			Email		

## About Your Request

1. What kind of information do you want to access? (Fees may apply – see Instructions)  
☐ General Information  
☐ Personal Information
2. Do you want to: (a) receive a copy of the record? ☐ OR (b) examine the record? ☐
3. **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.)*

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4. **What is the time period of the records?** Please give specific dates. *(See instructions for details.)*

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Signature

Date

## For office use only:

Date Received	Request Number
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# Request to Access Information Instructions

## *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**

- 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.
- Please make your cheque payable to the "Town of Three Rivers". If you have any questions, please feel free to contact the Access to Information and Protection of Privacy Coordinator at 902-838-2528.

### **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, see Schedule A of Fees Bylaw 2019-09.
2. 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.

2. 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, email or drop off to:

Access to Information and Protection of  
Privacy Coordinator  
Town of Three Rivers  
PO Box 546, 24 Queens Road  
Montague, PE C0A 1R0  
[jmarks@threeriverspei.com](mailto:jmarks@threeriverspei.com)

You will receive a response with an estimate based on Schedule A of Fees Bylaw 2019-09.