CITY OF LANGLEY

"The Place to Be!"

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY



REQUEST FORM FOR ACCESS TO RECORDS

Name of public body to which you are directing your request:	City of Langley
Your Name:	
Your Complete Address:	
Day Phone Number: Fax Number:	
Details of Information Requested: (Please be as specific as possible space below is not sufficient).	le. Attach a separate sheet if the
Are you requesting access to another person's personal information:	Yes or No
If so please attach either a) that person's signed consent for disclosure	2
or b) proof of authority to act on that person's behalf	
Preferred Method of Access to Records: Examine Original	or Receive Copy
Date Signed: (Year/Month/Day)	
Your signature:	
You may make a request for access to records without using this form Personal information contained in the this form is collected under the Protection of Privacy Act and will be used only for the purpose of res	Freedom of Information and
Date Received:	