



**FREEDOM OF INFORMATION AND  
PROTECTION OF PRIVACY**

**REQUEST FOR ACCESS TO RECORDS**

Date Received: \_\_\_\_\_

File No.: \_\_\_\_\_

*For Use by  
Regional District Office*

TO: FOI Coordinator  
Regional District of Fraser-Fort George  
Mail / Hand Delivery: 155 George Street  
Prince George, BC V2L 1P8  
Confidential Fax: (250) 563-7520 Email: [foi@rdffg.bc.ca](mailto:foi@rdffg.bc.ca)

1. This is an application pursuant to the *Freedom of Information and Protection of Privacy Act* for access to general and personal information in relation to the following subject property:

Legal Description: \_\_\_\_\_

Parcel Identifier (PID): \_\_\_\_\_

Civic Address: \_\_\_\_\_

2. I am applying for access to the following information:\*

- |   |  |
|---|--|
| <input type="checkbox"/> building permits and summary | <input type="checkbox"/> survey certificate(s) |
| <input type="checkbox"/> building inspections summary | <input type="checkbox"/> building plan(s)      |
| <input type="checkbox"/> Home Warranty information    | <input type="checkbox"/> sewage permit(s)      |
| <input type="checkbox"/> other                        |  |

If other, please describe: \_\_\_\_\_

\_\_\_\_\_

\*Note: 1. A fee may be charged for providing the information requested.  
2. Information pertaining to **zoning, subdividing, official community plans, and ALR status** is routinely available by contacting Planning Services at (250) 960-4400 and should not be included in this Request for Records.

<input type="checkbox"/> I would prefer to receive a copy of the original record	<input type="checkbox"/> I would prefer to examine the original record
I would prefer to: <input type="checkbox"/> pick up the records requested	
<input type="checkbox"/> have the records requested <b>faxed</b> to: _____	
<input type="checkbox"/> have the records requested <b>mailed</b> to the address provided below	
<input type="checkbox"/> have the records <b>emailed</b> to: _____	

Date: \_\_\_\_\_  If applicable, executed Property Listing Agreement attached

Signature of Applicant: \_\_\_\_\_ Print Full Name of Applicant: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

Telephone Number(s) of Applicant: \_\_\_\_\_

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