



Request Access to Information

In the custody and control of Civida

Personal information on this form is collected under the authority of section 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act* ("FOIP Act") and will be protected under Part 2 of that Act. It will be used to respond to your request.

About You

Last Name		First Name	
Name of Company or Organization (if applicable)			
Mailing Address			
City or town		Province	Postal Code
Phone Number		E-mail Address	
Applicant (p-code) or Tenant Code (t-code) (if applicable)			

About Your Request

What kind of information are you requesting access to?

<input type="checkbox"/>	General Information – a general fee of \$25 will be charged.
<input type="checkbox"/>	Personal Information – no initial fee.
<input type="checkbox"/>	Personal Information on behalf of someone else (<i>Attach authorization of Representative Form</i>)

**If you selected personal information, please also complete section B. Additionally, for all personal requests please include a photocopy of your government issued ID.*

Do you want to:

<input type="checkbox"/>	Receive a copy of the record OR
<input type="checkbox"/>	Examine the record

About the information you want to access

In the box below, please provide as much detail and information as possible regarding the information and records you would like to access. If you want to access your 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. Do you want copies of emails and other records you have already received or provided?

I am requesting information for the following time period:

From (MM/DD/YYYY)	To (MM/DD/YYYY)	
		Present

Section B: Requesting Personal Information

Please only fill out this section if you are requesting access to personal information.

Please check off all the boxes of the records which are included in the scope of your request:

<input type="checkbox"/>	Correspondence you have sent
<input type="checkbox"/>	Correspondence you have already received via email
<input type="checkbox"/>	Any correspondence that has already been sent to you via a method other than email
<input type="checkbox"/>	Customer File Documents (notes, ledger, annual income review, postings)
<input type="checkbox"/>	Any documents that you sent us
<input type="checkbox"/>	Please write below if there are any specific documents you are looking for:

Your Signature

Signature	Date (MM/DD/YYYY)