



Town of Olds

4512 46 Street
Olds AB T4H 1R5
Main: 403.556.6981
Fax: 403.556.6537

PURPOSE

To assist the public and Town of Olds staff with handling requests to access information outside of the formal *Freedom of Information and Protection of Privacy (FOIPP) Act* request process.

DETAILS:

Request to Access Information Form

- Forms are available at the front Reception counter and the Planning and Development counter.
- This form is not to be used for FORMAL FOIPP REQUESTS (please refer to: www.foip.alberta.ca).
- This form is a tool that will assist office staff in ensuring the public's requests are understood and will provide staff with clarity as to when the public would be required to make a formal FOIPP request.

Filling out the form

- Be as detailed as possible.
- If assistance is needed, contact the FOIPP Coordinator

General Information

- There is an initial fee of \$25.
- The FOIPP Coordinator will provide a cost estimate before the process begins.
- Records will be released when all applicable costs have been paid in full.

Personal Information

- There is an initial fee of \$25 for accessing your own personal information
- You must provide proof of identity before records are released.
- If you are requesting records for another person, you must provide proof that you have authority to act for that person.
- It is very important to identify the purpose for which the information will be used and/or the name and section number of an act/enactment of Alberta or Canada that requires the disclosure of the information being requested. This is to be filled out on page two of the form.
- Forward the completed form to the FOIPP Coordinator.

For additional information, go to the FOIPP website: www.foip.alberta.ca

Request to Access Information

ACCESS TO INFORMATION

This form will be used to determine if the Town of Olds can provide you with the information you have requested by way of a Routine Disclosure

Your Contact Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss		Last Name	First Name
Name of company or organization (if applicable)			
Mailing Address			
City or town		Province	Postal Code
Telephone (daytime)	Telephone (evening)	Fax Number	E-mail address

About Your Request - What kind of information would you like to access? Please check one.

- General Information
- Personal Information
- Environmental Site Assessments – request for information must be accompanied by a “Letter of Authorization to Proceed” from the Land Owner

How would you like access to the information: Please check one.

- Receive a copy
- Examine the record
- Receive a summary of the requested information

About The Information Requested - Please provide a detailed description of the record(s) you want access to.

What is the time period of the record(s); if possible please provide specific dates.

Please state the purpose for which the information will be used and/or the name and section number of an act/enactment of Alberta or Canada that requires this particular disclosure of information.

Your Signature

Signature	Date
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Town of Olds FOIPP Office use only:

Date received	Inquiry Number
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The personal information on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used in order to process this form. Please forward questions or concerns to the FOIPP Coordinator at 4512 46 Street, Olds, AB T4H 1R5. Phone 403-556-6981, Fax 403-556-6537, or email FOIP@olds.ca