

Access to records request

Freedom of Information and Protection of Privacy Act

Type of request			
Access to general records (non-personal information)	Access to own personal information	Access to other's pers authorized party (plea document proving you	se attach appropriate
Requestor's information			
Last name	First name		Middle initial
Relationship to PGT client			
Address			
Phone	Email		
PGT client's information	This ind	icates permission to contact	you by email.
Client name	File numbe	er	
Date of birth	Date of death		
Description of records requested (please be as specific as possil	ole to assist the search	process)
Time period of the records requeste	ed, if applicable	Method of access	Fuencia e ativical
From To		Receive a copy	Examine original (on site only)
Applicant's signature	C	Date	
Information you provide is for the purpose of Information and Protection of Privacy Act (FC or disclosure of information, contact the PGT	DIPPA) and other applicable legislatior	n. If you have any questions a	bout the collection, use

Once completed please mail, fax or email to PGT Information Access along with documents proving your authority (if applicable).

PGT Information Access	Email Fax	mail@trustee.bc.ca 604-775-0207
700-808 West Hastings Street Vancouver, BC V6C 3L3		