

### Type of request

Access to general records  
(non-personal information)

Access to own personal  
information

Access to other's personal information by  
authorized party (please attach appropriate  
document proving your authority)

### Requestor's information

Last name

First name

Middle  
initial

Relationship  
to PGT client

Address

Phone

Email

This indicates permission to contact you by email.

### PGT client's information

Client name

File number

Date of birth

Date of death

**Description of records requested** (please be as specific as possible to assist the search process)

### Time period of the records requested, if applicable

From

To

### Method of access

Receive a copy

Examine original  
(on site only)

Applicant's signature

Date

Information you provide is for the purpose of making a request for access to records. Information is collected under the Freedom of Information and Protection of Privacy Act (FOIPPA) and other applicable legislation. If you have any questions about the collection, use or disclosure of information, contact the PGT's Information and Privacy Officer at 604-660-4444 or [mail@trustee.bc.ca](mailto:mail@trustee.bc.ca)

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

**PGT Information Access**  
700-808 West Hastings Street  
Vancouver, BC V6C 3L3

**Email** mail@trustee.bc.ca  
**Fax** 604-775-0207