



Request to Access Information

10-1408 Twp. Rd. 320 / Postal Bag 100, Didsbury, AB Canada T0M 0W0
T 403.335.3311 F 403.335.9207 Toll Free 1.877.264.9754
www.mountainviewcounty.com

Name	
Name of Company or Organization (if applicable)	
Mailing Address	
Phone Number	
Email Address	

<p>1. What kind of information are you requesting access to?</p> <table><tr><td><input type="checkbox"/> General Information</td><td><input type="checkbox"/> Personal Information about another</td></tr><tr><td><input type="checkbox"/> Personal Information about yourself</td><td><input type="checkbox"/> Correction of your Personal Information</td></tr></table>	<input type="checkbox"/> General Information	<input type="checkbox"/> Personal Information about another	<input type="checkbox"/> Personal Information about yourself	<input type="checkbox"/> Correction of your Personal Information
<input type="checkbox"/> General Information	<input type="checkbox"/> Personal Information about another			
<input type="checkbox"/> Personal Information about yourself	<input type="checkbox"/> Correction of your Personal Information			
<p>2. Do you want to (choose only one):</p> <table><tr><td><input type="checkbox"/> Receive an electronic copy of the record</td><td><input type="checkbox"/> Examine the record in person</td></tr><tr><td><input type="checkbox"/> Receive a hard copy of the record</td><td></td></tr></table>	<input type="checkbox"/> Receive an electronic copy of the record	<input type="checkbox"/> Examine the record in person	<input type="checkbox"/> Receive a hard copy of the record	
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<input type="checkbox"/> Receive a hard copy of the record				
<p>3. If your personal information is requested, please provide full given names and all previous names.</p>				
<p>4. If personal information about another individual is requested, please provide his/her full given names and any previous names.</p>				
<p>5. What records do you want to access? Please provide as much detail as possible.</p>				
<p>6. Provide the date or date range of the records requested above. Please be specific.</p>				

Your personal information is being collected for the purpose of administering a request for information under the Protection of Privacy Act (POPA). This information is collected pursuant to Section 4(c) of the Protection of Privacy Act. If you have questions about this collection and use, please contact the Head of POPA/ATIA at legislative@mvcountry.com or 403-335-3311.

Signature:	Date:
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Office Use Only

Date Received:	Request Number:
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General Information for Access to Information Requests

Requests can be submitted

- Via email: legislative@mvcountry.com
- In Person: 10-1408 Twp Rd 320 Didsbury, AB T0M 0W0

Fees for Access Requests must be paid before the request can be processed.

- Initial fee of \$25.00 for general information
- No initial fee for personal information about yourself or someone whom you are authorized to act for. If you are requesting personal information about an individual that you are not authorized to act for, an initial fee of \$25.00 must be paid before the request is processed.

There may be additional fees charged. A fee estimate and explanation will be provided to an Applicant prior to proceeding with the request.

General information is information other than personal information, typically information about a third party.

Personal information is your own information or the personal information of an individual you are entitled to represent.

- You must provide proof of your identity before records containing your personal information are released to you.
- If you are requesting records for another person, you must provide proof that you have authority to act for that person (guardianship/trusteeship order/power of attorney)

About the information you want to access:

- Be as specific as possible in describing the records
- If you need more space, you may use additional pieces of paper and attach them to this request form