

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY
ACCESS REQUEST FOR COPIES OF
BUILDING DEPARTMENT PLANS AND/OR SURVEYS**

Building General Information Only
REQUEST NO. _____

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST			
DISTRICT OF OAK BAY 2167 OAK BAY AVENUE VICTORIA, B.C. V8R 1G2			
LOCATION OF REQUEST			
NAME OF APPLICANT			
Last Name:	First Name:	Middle Name:	___ Miss ___ Ms ___ Mrs ___ Mr. ___ Other _____
ADDRESS of APPLICANT			
Street, Apartment No., P.O. Box, R.R. No.	City/Town	Province/Country	Postal Code
APPLICANT'S CONTACT INFORMATION			
Day Phone No.	Alternate Phone No.	Day Fax No.	Night Fax No.
DETAILS OF REQUESTED INFORMATION			
Information Requested (Please describe the records you are requesting. Be as specific as possible, as this will assist the request process. Attach a separate sheet if the space below is not sufficient.)			
<input type="checkbox"/> Building Plan(s) for _____		<input type="checkbox"/> Survey Plan(s) for _____	
<input type="checkbox"/> Survey Certificate) for _____		<input type="checkbox"/> Other (Please Describe) for _____	
_____ _____			
Are you requesting access to another person's personal information ___YES ___NO (If so, please attach, as appropriate: a) That person's signed consent for disclosure, or b) Proof of authority to act on that person's behalf.)			
Your Signature:		Date Signed	Preferred Methods of Access To Records <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy
FOR PUBLIC BODY USE ONLY			
Date Received:	Name of Public Body Receiving Request: DISTRICT OF OAK BAY Title of Person Receiving Request: _____		
You may make a request for access to records without using this form, provided you do so in writing. Personal information on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of responding to your request.			

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