Request for access to records

South Coast British Columbia Transportation Authority (TransLink)

Freedom of Information and Protection of Privacy Act

Your Name

Last Name First Name Middle Name

Your Contact Details

Apt/Unit # Address City

Province Postal Code Email (Preferred) Phone

Details of Requested Information

INFORMATION REQUESTED (Please be as specific as possible, as this will assist the request process. Asking for "any and all" records can result in a high volume of unnecessary records and may result in additional processing fees. Attach a separate sheet if the space below is not sufficient.)

Are you requesting access to another person's YES NO personal information?

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.

Signature

Date MM/DD/YYYY

The personal information collected, used and disclosed is necessary for the administration of the Information Access program, in accordance with provisions of Part, of the Freedom of Information & Protection of Privacy Act. Please refer to **translink.ca/privacypolicy** or contact the Manager, Information Access at **FOI@translink.ca** for further information.

