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Freedom of Information and Protection of Privacy Request for Access to Records



Name of Public Body to Which You Are Directing Your Request REGIONAL DISTRICT OF OKANAGAN-SIMILKAMEEN Your Name									
					Last Name	First Name	Middle Name		ns. Mrs.
						Your A	Address		
Street/Apartment No./P.O. Box/	RR	City/Town	Province/Country	Postal Code					
	Your Telephor	ne/Fax Numbers							
Day Phone No.	Alternate Phone No.	Alternate Phone No. Fax No. or Em							
	Details of Requ	ested Information	1						
Are you making a request for corr If so, please attach as appropriate: Preferred method of access to red Examine original Receive hard copy	A. That person's signed of B. Proof of authority to a	er person? consent for disclosure, or act on that person's behalf.		es 🗆 No					
Receive pdf copy via email	Your Signature	Э	Da	te Signed					
	Public Bo	dy Use Only							
Request No.:		Request Category:							
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	(Arcs 292-30/_		(Arcs 292-40/	<u>)</u>					
Request Code:	Date Receiv / Year Month	Ped: Name of P	Name of Public Body Receiving Request:						
You may make a request for information w Personal information contained on this for responding to your request.	ithout using this form provided	it is in writing.	cy Act and will be used only	y for the purpose of					