

RECORD OF REQUEST FOR PUBLIC INSPECTION OF DOCUMENTS

DECLARATION OF APPLICANT: By signing below, I declare that I have submitted a privacy policy acceptable to the Chief Electoral Officer and I will abide by the privacy policy as submitted

ELECTORAL DISTRICT					
FULL NAME OF APPLICANT					
MAILING ADDRESS					
CITY/TOWN	POSTAL CO	STAL CODE PHONE NO.			EMAIL
INDIVIDUAL OR ORGANIZATION REPRESENTED (IF ACTING AS AUTHORIZED AGENT)					
SIGNATURE OF PERSON INSPECTING/OBTAINING RECORD				DATE (YYYY/MM/DD)	
DESCRIPTION OF DOCUMENT(S) INSPECTED AND REASON FOR REQUEST					
OFFICE USE ONLY					
APPLICANT INFORMED OF RESTRICTED USE OF INFORMATION				DATE (YY	(YY/MM/DD)
(SIGNATURE OF OFFICIAL PERMITTING INSPECTION OF RECORD)					
	COPY OBTAINED	REPRODUCTIO	ON ITERS ONLY)		
REQUEST DECLINED PRIVACY POLICY PROVIDED					
LOCATION					
ELECTIONS BC OFFICE				DISTRICT ELECTORAL OFFICE	

ORIGINAL — ELECTIONS BC PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act and the Election Act, Recall and Initiative Act, or Referendum Act, as applicable. The information will be used to administer the Election Act, Recall and Initiative Act or Referendum Act, as applicable. Questions can be directed to: **Privacy Officer**, **Elections BC** 1-800-661-8683, <u>privacy@elections.bc.ca</u> or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6