

County of Grande Prairie No. 1 Access to Information Act Request - Personal

Personal information is your own personal information or the personal information of an individual you are legally entitled to represent. This form will be used to search County records and determine if the County of Grande Prairie No. 1 can provide you access to the information you have requested. Please be detailed and specific when filling out this form to enable our search to find County records that are responsive to your request.

Your Contact Information:

☐ Mr. ☐ Mrs. ☐ Ms.	Last Name		First Name	
Mailing Address				
City or Town		Province		Postal Code
Primary Phone	Alternate Phone	E-mail Address		

This request is for:

My own personal information

I am sending a legible copy of my Government issued photo ID to AccessPrivacy@countygp.ab.ca for review before any records are released.

Someone else's personal information who I have legal authority to act for.

(Guardian, custody or access order, personal directive, trustee order, power of attorney, etc)

I am sending a legible copy of my legal authorization to AccessPrivacy@countygp.ab.ca for review before any records are released.

Personal Information request Fees

There is no initial fee for accessing your own personal information. However, you will be provided with a fee estimate if the cost of copying exceeds \$10. You must either accept the fee estimate or modify your request before processing of the request will continue. If fees are required, records will only be provided when the fee is paid in full.

Access to requested records:

How would you like access to the information: Please check one.

Receive a copy Examine the record



About the Personal Information Requested

Please provide a detailed description of the re	cord(s) you want access to.
What is the time period of the record(s); please	e provide specific dates or a range of years.
State the purpose for which the information will	I be used.
State the purpose for which the information will	I be used.
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State the purpose for which the information will	I be used.
State the purpose for which the information will	I be used.
	I be used.
Your Signature	
	I be used. Date
Your Signature	Date

The personal information on this form is collected under the *Protection of Privacy Act* Sec 4(c) and will be protected under Division 2 of that Act. Please forward any questions or concerns to the Privacy Officer at 10001 – 84 Avenue, Clairmont, AB T8X 5B2. Phone (780) 532-9722 or email: AccessPrivacy@countygp.ab.ca