



FREEDOM OF INFORMATION AND  
PROTECTION OF PRIVACY

WHISTLER

REQUEST FOR ACCESS TO RECORDS

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST			
RESORT MUNICIPALITY OF WHISTLER			
YOUR NAME			
LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL - <input type="checkbox"/> MISS <input checked="" type="checkbox"/> MS <input type="checkbox"/> MRS. <input type="checkbox"/> MR. <input type="checkbox"/> OTHER: _____
MATTHEWS	DIANA	[REDACTED]	
YOUR ADDRESS			
[REDACTED]			
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.)			PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S), IF KNOWN
Documents including but not limited to salaries of executives making over \$70,000 per year and financial reports, including budgets, released between January 1, 2013 and June 30, 2013. Please do not include information that is already publicly available.			
ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> 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.)			
PREFERRED METHOD OF ACCESS TO RECORDS <input type="checkbox"/> EXAMINE ORIGINAL <input checked="" type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE <i>Diana Matthews</i>		DATE SIGNED (YYYY MMM DD) 2014 02 108
FOR PUBLIC BODY USE ONLY			
REQUEST NO.	REQUEST CATEGORY <input type="checkbox"/> ACCESS TO GENERAL INFORMATION (ARCS 292-30/ ) <input type="checkbox"/> ACCESS TO PERSONAL INFORMATION (ARCS 292-40/ )		
REQUEST CODE	DATE RECEIVED (YYYY MMM DD)	NAME OF PUBLIC BODY RECEIVING REQUEST	
<ul style="list-style-type: none"> <li>• YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING.</li> <li>• BIRTHDATE AND CORRECTIONS SERVICE NO. ARE REQUIRED TO VERIFY THE INDIVIDUAL REQUESTING THE INFORMATION</li> <li>• PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER THE <b>FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT</b> AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.</li> </ul>			



# Request for Information Form

## Instructions

Personal information on this form is collected in accordance with New Brunswick's *Right to Information and Protection of Privacy Act* (RTIPPA). You can access many public body records without making a request under the *Right to Information and Protection of Privacy Act*. Public bodies make a lot of their information available through websites, and printed documents. If you cannot find what you are looking for, contact the public body's Coordinator to inquire if the information you are seeking is readily available.

### ABOUT YOU

In this section of the form, please include:

- your last name, first name and preferred title, if any; the name of the company or organization you are representing, if applicable;
- your complete mailing address and daytime and evening telephone numbers so that the public body can contact you about the request; and
- a fax number or e-mail address, if any, where correspondence may be sent.

### ABOUT YOUR REQUEST/INFORMATION YOU WANT TO ACCESS

- Please check **what kind of information** you want to access.
- Indicate the **name of the public body** to which you are making the request
- Indicate whether you would like to **receive a copy** of the record **or examine** the record in person.
- Be as specific as possible in describing the records i.e. time, place and event in order to identify the requested record(s). Feel free to add any additional information that you think may help with processing your request. If you need more space than provided, continue your description on a separate sheet of paper and attach it to the request form.

### FEES

- Please note: There are no longer any fees for requests made under the *Right to Information and Protection of Privacy Act*.

### ABOUT YOUR PERSONAL INFORMATION

- There is no fee for accessing your own personal information.
- Please be sure to give your full name and any other names that you previously used and any identifying number that relates to the records in question.
- If you are requesting information on behalf of another person, please attach proof that you can legally act for that person. This authorization can be in the form of a signed letter, a Power of Attorney, or other legislated authorization. Please see section 79 for more details.

### WHERE TO SEND YOUR REQUEST

- Be sure to sign, date and send your request to the appropriate head of the public body, as defined in Part 1 of RTIPPA. The heads of the public bodies are listed in the Directory of Public Bodies on the RTIPPA website.



# Request for Information Form

**ABOUT YOU:**

Title	Last name	First name
Ms.	Matthews	Diana
Name of company or organization <i>(where applicable)</i>		
Mailing Address		
[Redacted]		
City or Town	Province	Postal Code
Ottawa	Ontario	[Redacted]
Home Telephone #	Work Telephone #	
[Redacted]	[Redacted]	
Facsimile #	E-mail	
	diana.matthews@carleton.ca	

**ABOUT YOUR REQUEST:**

1. What kind of information do you want to access? Please check one.

- General Information
- My own personal information
- Information about another individual *(Please attach proof that you can legally act for that person. This authorization can be in the form of a signed letter, a Power of Attorney, or other legislated authorization. Please see section 79 for more details.)*

2. To which public body are you making your request? *(Please fill in the name of the public body; you may consult the [Directory of Public Bodies on the RTIPPA website](#) for contact information.)*

New Brunswick Industrial Development Board

3. Do you want to:  receive a hard copy of the record?  receive an electronic copy of the record?  
 (Please check one) OR  examine the record?

**ABOUT THE INFORMATION YOU WANT TO ACCESS:**

1. What record do you want to access? *(Please provide as much detail as possible – see instructions)*

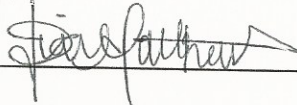
Meeting minutes regarding the development of the shale gas site near Elsipogtog First Nation and briefing notes about the fracking protests in October 2013.

# Request for Information Form

2. What is the time period of the records? *(Please give specific dates. See instructions for details.)*

From June 1, 2013 to November 30, 2013.

**YOUR SIGNATURE:**

Signature	Date
	February 8, 2014

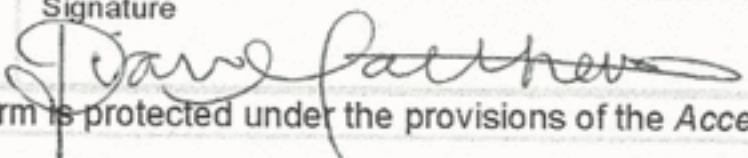
**WHERE TO SEND YOUR REQUEST:**

Send your request to the head of the public body that you believe has the information you want.  
 For contact information, consult the [Directory of Public Bodies](#) on the RTIPPA website.

FOR PUBLIC BODY USE ONLY:	
Date Received	Comments
Request Identification Number	

Option to Print



Step 1	Step 2	Step 3	Step 4
<p>Determine which federal government institution is most likely to have the information you are seeking. Decide whether you wish to submit an informal request for the information or a formal request under the <i>Access to Information Act</i>. If you wish to make an informal request, contact the appropriate institution. The address can likely be found in <i>Info Source</i> publications which are available across Canada, generally in major public and academic libraries, constituency offices of federal Members of Parliament and most federal government public enquiry and service offices.</p>	<p>To apply for information under the <i>Access to Information Act</i>, complete this form or a written request mentioning the Act. Describe the information being sought and provide any relevant details necessary to help the institution find it. If you require assistance, refer to <i>Info Source (Sources of Federal Government Information)</i> for a description of program records held by the institution or contact its Access to Information Coordinator.</p>	<p>Forward the access request to the Coordinator of the institution holding the information. The address is listed in the "Introduction" to <i>Info Source</i>. Enclose a \$5.00 money-order or cheque payable to the Receiver General of Canada. Depending upon the type or amount of information being sought, you may be asked to authorize further charges.</p>	<p>When you receive an answer to your request, review the information to determine whether you wish to make a further request under the Act. You also have the right to complain to the Access to Information Commissioner should you believe that you have been denied any of your rights under the Act.</p>
<p>Federal Government Institution Canadian Museum of Civilization Corporation</p>			
<p>Provide details regarding the information being sought Briefing notes and meeting minutes from April 1, 2013 to September 30, 2013 concerning but not limited to the Canadian Museum of Civilization's transition to the Canadian Museum of History, dealing with branding, marketing and budgets. As this request is in the public interest, I ask that all fees please be waived. Please contact me when any records are ready for release.</p>			
<p>Method of access preferred</p>	<p><input checked="" type="checkbox"/> Receive copies of originals</p>	<p><input type="checkbox"/> Examine originals in government offices</p>	
<p>Name of applicant Diana Matthews</p>			
<p>Street [Redacted] Drive</p>		<p>City or town Ottawa</p>	
<p>Province Ontario</p>	<p>Postal Code [Redacted]</p>	<p>Telephone number [Redacted]</p>	
<p>This request for access to information under the <i>Access to Information Act</i> is being made by</p>	<p><input checked="" type="checkbox"/> a Canadian citizen, permanent resident or another individual present in Canada, or</p>	<p><input type="checkbox"/> a corporation present in Canada</p>	
<p>Signature </p>		<p>Date February 8, 2014</p>	
<p>The personal information provided on this form is protected under the provisions of the <i>Access to Information Act</i> and the <i>Privacy Act</i>.</p>			
<p>TBC 350-57 (Rev. 2000/06/19)</p>			