



## Request for Access to Personal Information

### YOUR CONTACT INFORMATION

Last Name\*

First Name\*

Middle Name

Address\*

City/Town\*

Province\*

Postal Code\*

Phone #\* (with area code)

Alternate Phone # (with area code)

Email:

\* indicates a mandatory field

### DETAILS OF REQUESTED INFORMATION

Please specify any reference or file number(s) if known: \_\_\_\_\_

Are you requesting personal information (check all that apply):

**about yourself**

**on behalf of a child/youth** who is under 12 years of age in your legal care, or who is in your legal care and determined to be unable to give consent. Proof of custody must be provided with this request, such as a court order. Please note, a birth certificate is not proof of custody or authority.

**of another person, with authorization.** Your Proof of Authority to act on that person's behalf must be provided with this request. Please note, this office may contact the other person to verify authorization, so a contact phone number for the person is required with the authorization.

Please help us find the records you want by providing a specific and detailed description of the information requested.

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**PREFERRED METHOD OF CORRESPONDENCE AND ACCESS TO RECORDS** (choose one):

Receive scanned copy by email attachment (if size permits. If you select this option you are aware, and consent to, your personal information potentially being sent outside Canada through the Internet.)

- *did you complete the email field above?*

Receive copy by Canada Post standard mail

Receive copy by courier collect

*If you selected courier collect, you will be asked to provide your courier company's contact information and your account number for the collect charge.*

Personal information contained on this form is collected under the ***Freedom of Information and Protection of Privacy Act*** and will be used only for the purpose of responding to your request. If you have any questions about the collection of your personal information, please contact [FOIPP@bcferries.com](mailto:FOIPP@bcferries.com).

You may make a request for access to records containing your personal information without using this form, provided you do so in writing. Including the relevant information requested on this form will enable us to respond to your request more quickly.

**You must sign and date this form in order for your request to be accepted.**

YOUR SIGNATURE	DATE SIGNED (YYYY/MM/DD)
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**Once completed, please submit to British Columbia Ferry Services Inc.**

**Fax Number** 1-866-846-0453

**Email** completed scanned forms to:  
[FOIPP@bcferries.com](mailto:FOIPP@bcferries.com)

**Mailing Address**

BC Ferries  
1321 Blanshard Street  
Victoria BC V8W 0B7