

## **Request to Access Information**

#### **IMPORTANT INFORMATION – PLEASE READ FIRST**

- DO NOT USE THIS FORM TO REQUEST ACCESS TO 9-1-1 RECORDINGS OR ANY RECORD RELATING TO POLICE, FIRE OR AMBULANCE CALLS.
- PLEASE CONTACT THE AGENCY OR JURISDICTION DIRECTLY.
- THIS FORM IS INTENDED FOR REQUESTING ACCESS TO E-COMM RECORDS ONLY.

9-1-1 call recordings and other records relating to E-Comm services in British Columbia are under the custody and control of the originating emergency service agency, and requests for their release must be made directly to that agency. Please see section 9 of the *Emergency Communications Corporations Act* (ECC Act).

#### Section 9(1) of the ECC Act provides:

For the purpose of the Freedom of Information and Protection of Privacy Act, the records of an emergency communications corporation relating to any services provided to a member of the corporation are deemed to be the records of that member.

#### Section 9(4) of the ECC Act provides:

Despite the Freedom of Information and Protection of Privacy Act, a person does not have a right of access under that Act to a record of, or in the custody or under the control of, an emergency communications corporation that relates to services provided by the corporation to the Royal Canadian Mounted Police.

If your request is for records within E-Comm's custody and control (e.g. corporate or personal records):

1. This form MUST be completed in full.

**ABOUT YOU** 

- 2. The *Freedom of Information and Protection of Privacy Act* (FIPPA) provides individuals with a right of access to their own personal information free of charge. We require a copy of your government-issued ID (e.g., driver's license). No personal information will be sent to you until we receive proof of your identity (i.e., signed authorization letter).
- 3. Access to corporate records and/or other records may be subject to a fee.
- 4. We will send records to you electronically / digitally or via registered mail.
- 5. Under FIPPA, we have thirty (30) days (excluding weekends and holidays) to respond to requests for access to information. We process requests in the order that they are received by the FIPPA office.
- 6. Personal information contained on this form is collected in accordance with FIPPA and will be used only for the purpose of responding to your request.

Last Name	First Name	Preferred Pronouns	
Name of Company / Organization (i	f applicable)		
		ВС	
Street Address	City / Town / Village	Province	Postal Code
Phone Number	Email Address		



# **Request to Access Information**

### **ABOUT YOUR REQUEST**

1. What kind of information do you want to acce General information about E-Comm services			
Your own personal information			
sure to give all previous names.	f you want to access your own personal information, be , you must attach proof that you can legally act for that		
3. What is the period of the requested records? P	Please provide specific dates.  End Date (yyyy-mm-dd)		
Start Date (yyyy-mm-dd)	End Date (yyyy-mm-ad)		
SIGNATURE			
Signature of Requester	Date Signed (yyyy-mm-dd)		
Email a copy of this form to	of this form for your records.  o ecommfippaoffice@ecomm911.ca oder Street, Vancouver, BC V5K 5J3		
Date Received by FIPPA Office (yyyy-mm-dd)	CID Number		