

Information and Instructions

This form is to be used to request information such as bylaws or council minutes. Any requests restricted by the *Freedom of Information and Protection of Privacy Act* will not be processed.

Payment must be received before or at the time of the release of information. Payments can be made cheque, cash or debit. Online payments must be made to account number 999999.

Information may be requested by email (general@lakecowichan.ca) but must be paid in advance. Complete the attached form and fax, email or mail the request to our office. We will advise you of the cost by email once determined. Once payment has been received the requested information will be sent to you. The information request is processed as time permits, please allow for up to five business days.

Fees are charged as set out in Bylaw 869 Fees for Charges and Services. The fees are as follows for 2010:

Photocopies	Town produced documents (including Bylaws and Minutes of Council Proceedings)	
	8 ½" X 11"	\$ 0.48/page
	8 ½" X 14"	\$ 0.71/page
	11" X 17"	\$ 0.95/page
Photocopies	All other documents	
	8 ½" X 11"	\$ 0.71/page
	8 ½" X 14"	\$ 0.95/page
	11" X 17"	\$ 1.43/page
Faxes	Outgoing – In Province	\$ 0.95/page
	Outgoing – Out of Province	\$ 1.43/page
Email	Locate and send digital copy	\$ 5.00/document
	Produce digital copy	\$2.00/page



TOWN OF LAKE COWICHAN
REQUEST FOR MUNICIPAL RECORDS

FOLIO NO.: _____

DATE: _____

PROPERTY OWNER

Name (please print) _____

Mailing Address: _____

Civic Address: _____

Please select one of the following:

- Mail
- Email to: _____
- Fax to: _____
- Hold for pickup. Phone No.: _____

MUNICIPAL RECORD(S)

	Fees Applicable

CERTIFICATION AND SIGNATURE

I, the undersigned property owner, agree to pay the charges as described in the applicable bylaw(s) for the information requested above, prior to its release. Once a request is made the applicable charges will apply - any unpaid charges will be transferred to the property tax account. Any request restricted by the *Freedom of Information and Protection of Privacy Act* will not be processed.

Signature _____
Date

OFFICE USE ONLY

Processed by:	Receipt No.:
Date records provided:	Payment amount:
	Date payment received: