



## ACCESS TO INFORMATION REQUEST FORM

Protected when Completed

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### Step 1

To apply for information under this policy please complete this form or send a written and detailed request by email or by regular mail. If the request is mailed, send to:

**Attention:**

Information Clerk  
RR 1 Mile 295 Alaska  
Highway  
Fort Nelson, B.C.  
VOC 1R0

### Step 2

Please Note: your request will not be considered unless all sections of the form are completed, or if submitting a written request by mail or email it must be detailed enough to satisfy the request.

### Step 3

Once you submit a request you can expect that the Executive Director will acknowledge your request within 5 business days. If you choose to proceed with a request, you can expect to hear a final response within 45 days.

### Step 4

When you receive a response to your information request, and after you have reviewed the response to your requested information, if you determine the information provided is not what was requested, then you have an option to make a written appeal to the Appeals Committee for their review of any decision, act or failure to act relating to your information request.

**Note:** After the first 5 hours of work involved in the response (which are provided by FNFN at no cost), applicants will be charged \$5 per quarter hour. Please note that under certain circumstances, the Executive Director may extend the time required to respond beyond 45 days.

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**Section One:** Select the type(s) of information you are seeking:

<input type="checkbox"/> Council Record	<input type="checkbox"/> Member Record	<input type="checkbox"/> Land/Treaty Record	<input type="checkbox"/> Other Record(s); attach clear explanation about your request
<input type="checkbox"/> Payment Record	<input type="checkbox"/> Housing Record	<input type="checkbox"/> Education Record	

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**Section Two:** provide details regarding the information being sought (add extra pages if necessary):



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**Section Two, continued:** provide details regarding the information being sought (add extra pages if necessary):

<b>Method of access preferred, check one:</b>			Copies of record	Examine record
Name of Applicant:				
Member Number (if applicable):				
Civic Address (street, unit#):				
Mailing address:				
Province:		Postal Code:		Phone:
Signature:				Date:

***If you are not a Fort Nelson First Nation Member, please attach information indicating how you believe that you are directly and significantly affected by information contained in the record you are seeking to access.***

*The personal information on this form is collected under sections 4, 5, and 6 of the Privacy Act. The information will be used to process access to information requests. If you have any questions about the collection or use of this information, please contact the Executive Director.*