

Lower Nipit Improvement District
 Water Governance of Twin Lake
 160 Twin Lake Road Kaleden, BC
 V0H 1K0
 Inidcttee@gmail.com
 www.twinlake.ca

Freedom of Information and Protection of Privacy Request for Access to Records

Name of Public Body to Which You Are Directing Your Request			
Lower Nipit Improvement District			
Your Name			
Last Name	First Name	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Other _____
Your Address			
Street/Apartment No./P.O. Box/RR	City/Town	Province/Country	Postal Code
Your Telephone/Fax Numbers			
Day Phone No. ()	Alternate Phone No. ()	Email Address	
Details of Requested Information			
Information requested. (Please describe the records you are requesting. Be as specific as possible, as this will assist the request process. Attach any supporting documentation. Attach a separate sheet if space below is not sufficient.)			
Are you making a request for correction on behalf of another person? If so, please attach as appropriate:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
A. That person's signed consent for disclosure, or B. Proof of authority to act on that person's behalf.			
_____ Your Signature		_____ Date Signed	
Public Body Use Only			
Date Received: ____ / ____ / ____ Year Month Day	Action Taken: 		
You may also submit this request in writing or by email by including all necessary details.			