

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			
<b>Lower Nipit Improvement District</b>			
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 <b>records</b> 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.  Request #			