

**AUTHORIZATION TO RELEASE RECORDS**

Under the *Freedom of Information and Protection of Privacy Act* to the

Land Title and Survey Authority of British Columbia

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Personal information contained on this form (above) is collected under Section 26(c) of the *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of responding to your request. | | | | | |
| **APPLICANT’S CONTACT INFORMATION** | | | | | |
| LAST NAME | FIRST NAME | | | OPTIONAL  Miss  Mrs.  Ms.  Mr. | |
| COMPANY NAME *(if applicable)* | | | | | |
| STREET, APARTMENT, NO., PO BOX, RR NO. | CITY/TOWN | PROVINCE/COUNTRY | | | POSTCAL CODE |
| EMAIL ADDRESS | | | | | |
| TELEPHONE NO. (       ) | ALTERNATE PHONE NO.  (       ) | | FAX NO.  (       ) | | |

Pursuant to Section 22(4) (a) or Section 33.1(1) (b) of the *Freedom of Information and Protection of Privacy Act*

**I,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **do hereby authorize the LTSA to disclose the following records relating to me:**

**RECORDS DATE RANGE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

Or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(otherwise describe the records to be released)

**to the Applicant for the following purpose(s):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(describe the purpose of the disclosure)

My date of birth is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This consent is for one time only, and expires on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This consent is effective as of this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature required

|  |  |
| --- | --- |
| *Please note: the Act allows 30 business days for us to respond to your request, although we will respond sooner, if possible.*  **After signature, you may submit this form by any of the following methods:**   * Scan and email to [FOIPPA@ltsa.ca](mailto:FOIPPA@ltsa.ca) * Fax to LTSA offices at 250-410-0656 * Mail to FOI Records, Policy & Legal Services, Land Title and Survey Authority of BC, Suite 200-1321 Blanshard Street, Victoria, BC V8W 9J3   Please ensure that you provide or bring appropriate documentation to verify your identity. Acceptable forms of identification ca be found on our LTSA website at <https://ltsa.ca/contact-us/freedom-information-requests>. | |
| **FOR LTSA USE ONLY** | |
| Request No. | Date Received |