

UCHUCKLESAHT TRIBE

**Freedom of Information and
Protection of Privacy Act
Form DHS-6**

**FREEDOM OF INFORMATION
REQUEST**



Date received:

(for office use only)

A. APPLICANT

Full Legal Name:	
Citizenship No. <i>(if applicable)</i> :	
Enrolment No. <i>(if applicable)</i> :	
Address:	
Telephone Number:	
Email Address <i>(optional)</i> :	

B. DETAILS OF REQUEST

I hereby request access to the following records in the custody or under the control of a Uchucklesaht institution: *(insert description of records (s) you wish to access)*

(please continue description on additional pages if required)

I prefer the following method of accessing the specified record(s): *(please select one of the following three options)*

- receive paper copy of the record(s)
- receive electronic copy of the record(s)
- examine the record(s) at the Uchucklesaht administrative office

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

APPLICATION FEE

Application fee received Date: _____

DECISION ON DISCLOSURE

- Access to record(s) granted
- Access to portion of record(s) granted
- Access to record(s) denied

Date response provided: _____

Date record(s) provided *(if applicable)*: _____

Date record(s) examined *(if applicable)*: _____

PHOTOCOPY OR FACSIMILE FEES

Photocopy or facsimile fees received Date: _____

Signature of Chief Administrative Officer: _____

Date: _____