

ASSESSMENT REVIEW BOARD (ARB) FOIP REQUEST TO ACCESS INFORMATION



Send Request to:

or

Deliver Request to:

FOIP Coordinator Assessment Review Board #222 PO Box 2100, Postal Station M Calgary, AB T2P 2M5 Assessment Review Board FOIP Coordinator 4th Floor, 1212 - 31 AVE NE Calgary, AB T2E 7S8

Personal information on this form is collected under Alberta's Freedom of Information and Protection of Privacy Act, Section 7, and will be used to respond to your request. For more information, contact the ARB FOIP Office at 403-268-5858 or email FOIP@calgaryARB.ca

Last Name	F	irst Name	Name of Company or Organiz	ation (if applicab	ole)	
Mailing Address						
City or Town			Province	Postal	Code	
Telephone (Daytime)	Telephone (Cell)	Fax Number	Email Address			
1. What kind of information are	you requesting access to?					
		reverse for explanation and pay	ment options.)			
		(No initial fee is required for pers				
		Please attach proof that you can				
2. Do you want to:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rouse allusii proor tiiat you ouii	regaily decrea that percently			
RECEIVE A COPY OF	F THE RECORD?	EXAMINE THE RECOR	RD IN PERSON?			
In which format? PAPER or CD						
3. If your personal information is		Ill diven names and all previous	names and applicable identifie	re:		
3. If your personal information is	s requested, please provide it	ili giveri riames and ali previous	names and applicable identifier	5.		
4. If personal information about	another is requested inlease	nrovide his/her full given names	and any previous names and a	annlicable identif	iore:	
4. II personal information about	another is requested, please	provide his/her full given harnes	and any previous names and a	applicable identil	iers.	
1. What records do you want to	access? Please give as much	n detail as possible. If you need	more space, please attach a se	parate sheet of	paper.	
2. What is the time period of the	e records? Please give specif	ic dates.				
Signature				Date		
- orginataro				YYYY	MM	DD
For ARB FOIP Office use o	nly					
Date Received	Request Number			Request Due D	ate	DD.
YYYY MM DD				YYYY	MM	DD

General Instructions for FOIP Requests

Written Permission of the FOIP Applicant is required to:

- Provide the requested information to a third party;
- Discuss a FOIP request with another person, including the spouse of an applicant; and
- Release the name of a FOIP applicant.

Fees for FOIP Requests

There is an initial fee of \$25.00 that must be paid before a request for general information will be processed. General information is recorded information held by the Assessment Review Board that is **not** about an identifiable individual.

There is no initial fee for a request for personal information about yourself or about someone for whom you are authorized to act. Personal information is recorded information about an identifiable individual. If you are requesting personal information about an individual that you are not authorized to act for, an initial fee of \$25.00 must be paid before the request is processed.

There can be additional fees charged. A fee estimate and explanation is always provided to an applicant prior to proceeding with the request.

To keep the cost of providing information as low as possible, the Assessment Review Board can provide the information on a CD.

Payment Options for FOIP Request Fees

Fees can be paid:

- 1. In cash;
- 2. By cheque or money order made payable to the Assessment Review Board; or
- 3. By debit card.

Cheque or money order payments can be mailed to the address on the front of this form and should accompany a request. Cash and debit payments can be made in person at 4th floor 1212 - 31 AV NE.