



Airport Square, 815 – 1200 West 73<sup>rd</sup> Avenue, Vancouver, B.C. V6P 6G5 ♦ (604) 261-0285 ♦ FAX (604) 261-9279  
PROPERTY MANAGEMENT SERVICES

## INFORMATION ACCESS REQUEST FORM

The *Personal Information Protection Act* grants individuals the right to access their personal information held by a private organization, including an explanation of how their personal information has been used, and a list of any individuals or organizations to whom their personal information has been disclosed.

REQUESTER'S NAME: _____	
STRATA PLAN NO.: _____	STRATA LOT: _____
UNIT NO.: _____	STREET ADDRESS: _____

Information Requested (Check all that apply):

- All my personal information held by The Wynford Group
- Only information pertaining to a certain time period: \_\_\_\_\_
- Only information pertaining to a certain issue: \_\_\_\_\_

I UNDERSTAND THAT THE INFORMATION I HAVE REQUESTED MAY BE EDITED TO PROTECT THE PRIVACY OF OTHER INDIVIDUALS, OR AS REQUIRED UNDER THE REGULATIONS OF THE *Personal Information Protection Act*.

I HEREBY CONFIRM THAT I AM A REGISTERED OWNER, OR AN AGENT AUTHORIZED BY AN OWNER, AND ENTITLED TO RECEIVE THE INFORMATION REQUESTED. PAYMENT IS TO BE MADE BY CASH OR CHEQUE AT THE TIME OF PICK-UP. I AGREE TO PAY THE CHARGES IN FULL SHOULD I FAIL TO PICK UP THE DOCUMENTS AFTER TWO WEEKS FROM THE DATE THEY ARE READY FOR PICK UP.

\_\_\_\_\_  
NAME OF OWNER OR  
AUTHORIZED AGENT  
(PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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### FOR WYNFORD USE ONLY

DATE FORM RECEIVED BY The Wynford Group: \_\_\_\_\_

DATE INFORMATION MUST BE SUBMITTED TO REQUESTER: \_\_\_\_\_  
(30 DAYS FROM DATE OF FORM RECEIPT)