



HEALTH PROTECTION AND ENVIRONMENTAL SERVICES

island health

REQUEST FOR RELEASE OF INFORMATION

(FOI Request for Release of Information Not Required)

Name: _____
(Last name) (First Name)

Mailing Address: _____
(Including Street, City & Postal Code)

Daytime Telephone: _____ Alternate Telephone: _____

Fax: _____ Email: _____

Payment Type: _____ Payment Amount: _____

RECORDS REQUESTED:

Folio/Number (Tax Assessment Roll Number): _____

Legal Description (Sewage Filing): _____

Street Address/Location: _____

I DO NOT REQUIRE ANY PERSONAL INFORMATION FROM THE ABOVE DOCUMENT.

Additional comments or specific concerns: _____

Signature: _____ Date: _____

Personal information contained within these documents has been removed in order to protect third party personal information. The Vancouver Island Health Authority has removed this information prior to public release in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.

Reviewed by Health Protection & Environmental Services (Signature :) _____

Neither VIHA nor any of its employees warrant or guarantee the accuracy or completeness of the above information. The information is provided on the condition that neither VIHA nor any of its employees shall be liable for any charge or expense incurred by you in the event that the information is inaccurate or incomplete, howsoever caused, including if caused by the negligence of VIHA or its employees.

FOR MORE INFORMATION A "REQUEST FOR THE RELEASE OF NON-PATIENT RECORDS" FORM MAY BE FILLED OUT.

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