

How to Complete a Request for Personal Information Form

About You

Enter your first name, last name, your complete mailing address, your daytime and evening phone numbers, date of birth and sex. SLGA may need to contact you if there are any questions about your request. If you have a fax number or email address where correspondence can be sent, enter them in the spaces provided.

About Your Request

Please check the appropriate box to indicate the Division to which you are making the request. You must also check the appropriate box to indicate whether you want to receive a copy of the record(s) or examine the record(s).

About the Information You Want to Access

What information are you requesting? Please be as specific as possible in describing the records. The more specific your request, the quicker and more accurately it can be answered. If you need more space, please continue your description on a separate sheet of paper and attach it to this request form.

Since you are requesting records that contain your personal information, you will have to provide proof of your identity before SLGA will research and release the records. If you are requesting records for another person, you will have to provide proof that you have the authority to act for that person.

If you are requesting your own personal information, please be sure you give:

- Your full name
- Any other names that you have previously used
- Any identifying number that relates to the records, such as your employee number, case number or other identification number
- Proof of identity (photocopy of drivers license, birth certificate or passport).

If you are requesting another person's information, please give:

- The person's full name
- Any other name that person may have used on the records
- Any identifying numbers for the person if you know them
- Proof that you have authority to act for that person (proof that you are the person's guardian or that you have power of attorney).

Your Signature

Sign and date the form and send it to SLGA's Freedom of Information Coordinator by either:

Fax: 306-787-8439

Email: inquiry@slga.gov.sk.ca

Mail: Freedom of Information (FOI) Coordinator
Senior Policy Analyst
Corporate Services Division
P.O. Box 5054
2500 Victoria Ave
Regina, SK S4P 3M3

REQUEST FOR PERSONAL INFORMATION

About You

The information requested is to help Saskatchewan Liquor and Gaming Authority (SLGA) verify your identity and find any data about you that exists.

Last Name: _____ First Name: _____

Date of Birth: _____ Sex (please circle): Female Male

Mailing Address: _____

City or Town: _____ Province: _____ Postal Code: _____

Telephone (day): _____ Telephone (evening): _____

Email Address: _____ Fax Number: _____

About Your Request

If known, for which Division are you making the request?

Corporate Services Liquor Store Operations Partnerships & Supply Management
Performance Management Regulatory Services

Do you want to: (a) receive a copy of the record(s) (b) examine the record(s)

About the Information You Want to Access

What information are you requesting? Please be as specific as possible in describing the records. If you are requesting your own personal information you must establish your identity by submitting **TWO** official documents which clearly show your name, date of birth and current address. For example: a photocopy of a driver's licence, birth certificate or passport.

What is the time period covered by the records? _____

Your Signature

Signature: _____ Date: _____

SLGA will retain the personal information on this form only as long as it is necessary to fulfill the purposes for which it was collected and in accordance with approved mandatory retention policies and schedules established with cooperation of the Saskatchewan Archives Board under *The Saskatchewan Archives Act*.

For SLGA Office Use Only

Date Received: _____ Request Number: _____