# How to Complete a Request for Personal Information Form

# <u>About You</u>

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:

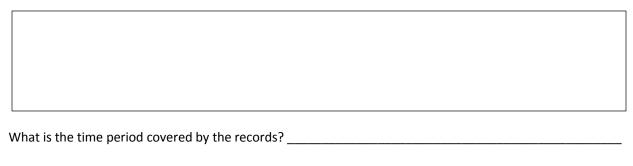
- Fax: 306-787-8439
- Email: inquiry@slga.gov.sk.ca
- Mail: Freedom of Information (FOI) Coordinator Senior Policy Analyst Corporate Services Division P.O. Box 5054 2500 Victoria Ave Regina, SK S4P 3M3

# **REQUEST FOR PERSONAL INFORMATION**

About You		
The information requested is and find any data about you	to help Saskatchewan Liquor and Gaming Authority (SLGA) verify your identity 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	<ul> <li>Liquor Store Operations</li> <li>Partnerships &amp; Supply Management</li> <li>Regulatory Services</li> </ul>	
Do you want to: (a) receive a copy of the record(s) $\Box$ (b) examine the record(s) $\Box$		

#### 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.



#### 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.

<b>For SLGA Office</b>	Use Only
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Date Received: \_\_\_\_\_\_ Request Number: \_\_\_\_\_