Request for Access to RHS Records Form

This form is for individuals requesting access to information held by the Regina Humane Society. The Society is not generally subject to The Freedom of Information and Protection of Privacy Act or The Local Authority Freedom of Information and Protection of Privacy Act. However, other privacy requirements may apply depending on the nature of the information and the activity through which it was collected. The RHS is committed to handling personal information responsibly and providing individuals with reasonable access to their personal information where appropriate.

Submission of this form does not guarantee access. The RHS will review the request to determine whether the records are held by the RHS, whether the RHS is authorized to provide them and whether any information must be withheld or redacted.

To process certain requests, valid government-issued photo identification must be provided, which includes birth date, full legal name, photo and current address. The person managing your request will notify you if identification if required.

SECTION 1: Requestor Information

Full Name: _____

Mailing Address: _____

City: _____

Province: _____

Postal Code: _____

Phone Number: _____

Email: _____

SECTION 2: Request Details

Are you requesting (check all that apply):

☐ My own personal information
☐ Another person's information - I have attached authorization or proof of legal authority
☐ General RHS organizational information or records
☐ Records relating to animal protection or municipal bylaw enforcement
☐ I am unsure

What information are you requesting?
(Include specific dates, names, topics, or reference numbers if known.)

What time period does your request cover (if applicable)?

SECTION 3: Fees & Waiver

Fees may apply depending on the nature and scope of the request. If fees are anticipated, RHS will provide an estimate before fee-generating work begins and will give you an opportunity to narrow, proceed with or withdraw your request. Fees may be reduced or waived in appropriate circumstances. The person managing your request may contact you to seek further clarification or to discuss the aspects of the request.

☐ I request a waiver of the processing fee based on financial hardship.
(If selected, provide a brief explanation below. Evidence of financial hardship will be requested.)

SECTION 4: Signature

Full Name (Printed): _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Response Due Date (target): _____