

Requests

FEES

- FOI requests for your own personal information – no application or processing fee
- General FOI requests – \$10 application fee (non-refundable), plus processing fees where applicable

PAYEE INFORMATION

Name: _____

CPSID or account number (for College registrants/applicants): _____

AUTHORIZATION TYPE

I authorize the College of Physicians and Surgeons of British Columbia to charge my card:

Amount of charge: \$ _____

Application fee (non-refundable)

Processing fee(s) (where applicable)

Notes: _____

Contact phone number: _____

CREDIT CARD INFORMATION

Visa Mastercard American Express

Credit card number

Expiry date (MM/YY)

Name of cardholder (as it appears on the credit card): _____

Signature of cardholder: _____ Date: _____

SUBMISSION

Please return this form and the request letter or completed request form by:

Mail Records, Information and Privacy Fax 604-733-3503
College of Physicians and Surgeons of BC
300-669 Howe Street
Vancouver BC V6C 0B4

The information collected in this form will be used for processing your request. If you have any questions about the collection and use of this information, please contact the College at 300-669 Howe Street, Vancouver, BC, V6C 0B4 or by phone at 604-733-7758 or 1-800-461-3008 (toll-free in BC).