



INFORMATION REQUEST – Records

I / We _____ (agency name)
would like to request access to records held by Western Districts Child
Protection Services relating to the service mentioned above.

The records are required from ___/___/___ to ___/___/___

Specific records required (if applicable)

I / We understand that it may take 15 – 30 working days for the agency to
process this request and contact us to collect the information.

Position

Dated: ___/___/___

Signature