LOCAL AUTHORITY FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY



t of Freedom of an Information PART III Form A

Access to Information Request Form

Note: Please direct the request to the appropriate local authority for response.

Access to Information Request Form

(Please Print)

Applicant Information

| Last Name | | First Name | |
|-------------|-----------------------|------------------|-----------|
| | | | |
| Address | | City or Town | Province |
| Postal Code | Telephone (Residence) | Telephone (Work) | Facsimile |

Details of Requested Information

| General Information Request 🗌 Personal Information Request 🗌 | | |
|--|---|--|
| Name of Local Authority | | |
| Name of Record (<i>if known</i>) | | |
| Detailed Description of Record: | | |
| | | |
| | _ | |

I understand that an application fee of \$20 is to be submitted with this request unless, with respect to a request for personal information, the fee is waived under the terms of the Act.

I also understand that there may be a processing fee to process this request and that, prior to receiving access to the records that I have requested, I am required to pay that fee unless it is waived.

Check if requesting waiver of processing fee:

I request that payment of the processing fee related to this request be waived because payment will cause me substantial financial hardship. Details are as follows: (Use reverse of form if additional space is required.)

| | Signature of Applicant | |
|---------------------|--------------------------|--|
| For Office Use Only | | |
| Date Received | Application No] No 🗌 | |