LOCAL AUTHORITY FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY



Freedom of 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

	ea			

White - Local Authority

Yellow - Co-ordinator

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 (if known)								
Detailed Description of Record:								
·								
6								
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	A	Application No.	_					
Application Fee Rec Expiry Date	reived Yes	No 🗌	2					

Pink - Applicant