



ACCESS TO INFORMATION REQUEST FORM

Local Authority Freedom of
Information and Protection of
Privacy Form A [Clause 6(1)(a)]

Personal information on this form is collected under *The Local Authority Freedom of Information and Protection and Privacy Act* and will be used or disclosed only as necessary to respond to your request.

INFORMATION ABOUT YOU

Last Name: _____ First Name: _____

Company or Organization (if applicable): _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Email: _____

INFORMATION ABOUT THE RECORDS YOU ARE REQUESTING

- Your own personal information
- Personal information about someone else (attach proof that you have authority to receive the information requested).
- General information

What records do you wish to access? Please provide a detailed description, which will help locate the records.

What is the time period for the records you are requesting (if applicable)?

Processing Fee:

There is a \$20 processing fee payable to the local authority and may also be additional fees. You may request that fees be waived but may be required to provide evidence of substantial financial hardship (see section 8 of the regulations).

- Check if requesting waiver of processing fees:

Reason for waiver:

Date

Signature of Applicant (in ink)

FOR OFFICE USE ONLY

Date Received

Application Number

30-Day Response Date