PUBLIC ACCESS TO INFORMATION REQUEST FORM

PUBLIC ACCESS TO INFORMATION

DETAILS OF REQUESTER

Title: Mr. ◯ Mrs. ◯ Ms. ◯ Other

Surname:

First name:

Middle name:

Postal address:

Postal code:

E- Mail:

Telephone:

PUBLIC AUTHORITY USE ONLY

Name of Public Authority accepting the request:

Date received:

Request number:

Request transferred: Yes ◯ No ◯

Transferred to which Public Authority:

Information officer:

Identity verified: Yes ◯ No ◯

Type of identification:

DETAILS / RECORD(S) REQUESTED (Please print)

Personal information requests may be made via the Personal Information Access Request Form.

Please describe the record(s) you are requesting. Be as specific as possible as this would assist the request process. Include details on the subject matter of the request and the time frame to which the request refers. Include dates and any known documents.

I wish to be communicated with by: Letter: ◯ E-mail: ◯ Other (please specify) ◯

I wish to receive a copy/copies of the record(s) in the following formats:

◯ Photocopy

◯ Compact disc (audio / video format)

◯ Other (please specify)

◯ Electronic (via e-mail)

◯ Transcript

◯ Decoded copy

Number of copies required:

The requester must complete this section (tick appropriate circle):

I want physical copies of the record(s) to be:

◯ Delivered to me ◯ Available for pick-up

◯ I want to inspect / view / listen to the record(s)

◯ I want to have the record(s) e-mailed to me

Requester Signature:

Date: