

Freedom of Information

Note: Please direct the request to 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 ( <i>Residence</i> )	Telephone ( <i>Work</i> )	Facsimile

**Details of Requested Information**

General Information Request <input type="checkbox"/>	Personal Information Request <input type="checkbox"/>
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. _____
Application Fee Received	Yes <input type="checkbox"/> No <input type="checkbox"/>
Expiry Date _____	