

ACCESS TO INFORMATION REQUEST FORM

{Clause 6(1)(a) of the Act}

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>)

Detail 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 I may be required to pay a fee before receiving the records to which I have applied for access.

Signature of Applicant
For Office Use Only
Date Received Application No. _____

Request to Waive Fees

I hereby request that payment of fees related to the above-mentioned request be waived because payment of fees will cause me substantial financial hardship. Details are as follows: (*use reverse of form if additional space is required.*)

Signature of Applicant