

PUBLIC ACCESS TO INFORMATION REQUEST FORM



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)

Is this a request for: Access to a record? A request for personal record? A change in personal record?

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. If you are making a request for personal information, please include the following: The full name of the person to whom the information relates. - OR - The authority which entitles you to apply on behalf of the person (if a third party).

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 Electronic (via e-mail) Number of copies required:

Compact disc (audio / video format) Transcript

Other (please specify) Decoded copy

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

I want physical copies of the record(s) to be:	I want to inspect / view / listen to the record(s)
Delivered to me Available for pick-up	I want to have the record(s) e-mailed to me

Requester Signature: Date: