

PART III

Form A

[Clause 6(1)(a) of the Act]



Access to Information Request Form

LOCAL AUTHORITY FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY Form A [Clause 6(1)(a)]

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

INFORMATION ABOUT YOU

Form fields for personal information: Last Name, First Name, Name of Company or Organization, Address, City, Province, Postal Code, Day Phone Number, Alternate Number, Fax Number, Email.

INFORMATION ABOUT THE RECORDS YOU ARE REQUESTING

Are you requesting:

- checkbox your own personal information.
checkbox personal information about someone other than yourself (attach proof that you have authority to receive the information requested).
checkbox general information.

To which local authority are you making your request? Enter the name of the local authority that you believe has the records you are requesting.

Text input field for local authority name.

What records do you wish to access? Please provide a detailed description of the records you wish to access. This information will help locate the records.

Text input field for record description.

LOCAL AUTHORITY FREEDOM OF INFORMATION
AND PROTECTION OF PRIVACY

L-27.1 REG 1

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

There is a processing fee of \$20 payable to the local authority. The person managing your request may contact you to seek clarification or to discuss aspects of the request, including the application of additional fees if necessary. You may request a waiver of the processing fee or additional fees, but may be required to provide evidence of substantial financial hardship (see section 8 of the regulations). Please keep a copy of this request for your records.

Check if requesting waiver of processing fees:
I request that payment of the fees 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 Number	30-Day Response Date