



Access to Information

Request Form

(Please Print) Applicant Information		
Last Name		First Name
Address	City or Town	Province
Postal Code	Telephone (Residence)	Telephone (Work)

Detail of Requested Information

General Information Request <input type="checkbox"/>	Personal Information Request <input type="checkbox"/>
Name of Record (<i>if known</i>)	
Detailed Description of Record:	
I understand that there is a fee for this application and that, prior to receiving access to the records that I have applied for, I am also required to pay those fees that may arise as a result of my request.	
_____ <i>Signature of Applicant</i>	

Request to Waive Fees
I hereby request that payment of fees related to the above requested be waived because my application is for personal information or because payment of fees will cause me substantial financial hardship. Details are as follows: (<i>Use reverse of form if additional space is required.</i>)
_____ <i>Signature of Applicant</i>

For Office Use Only

Date Received _____	Application No. _____
Application Fee Received	Yes <input type="checkbox"/> No <input type="checkbox"/>