



Access to Information Request Form

Local Authority Freedom of
Information and Protection
of Privacy
[Clause 6(1)(a)]

We are authorized by *The Local Authority Freedom of Information and Protection of Privacy Act* to ask for the information on this form. We will use this information to process your request. If we do not collect this information, we may not be able to process your request.

REQUESTING APPLICANT

First Name, Last Name of Applicant:

OR Name of authorised person or entity if the Applicant is not an individual:

Phone Number:

Email:

(We may need to contact you to verify details about your request)

TYPE OF REQUEST



ABOUT THE INFORMATION YOU WANT TO ACCESS

What records do you wish to access? Ensure you are seeking records and not answers to questions. Attach further information if necessary.



Enter the specific dates, date ranges or time ranges of the records you want to access. 

Enter the specific mailing address (or property location) related to the record you are seeking.

PREFERRED MODE TO RECEIVE THE RESPONSIVE RECORD? (Please Choose One)

- Email **or** Pickup at City Hall **or** Receive a USB *(for a fee)*
 Other *(provide details e.g. receive by mail for a fee or a secure link)*

Date

*(e-sign or ink-based) Signature of Applicant
(or authorized person)*

**Send your completed form, and initial fee if applicable, to the City Clerk's Office.
Please keep a copy of this request for your records.**

FOR OFFICE USE ONLY

Date Received

Application Number

30-Day Response Date

Comments