

Reference No:.....
(For Internal Use Only)

(Section 7)

THE ACCESS TO INFORMATION ACT

APPLICATION FORM FOR ACCESS TO OFFICIAL DOCUMENT

(Please use a separate Application Form for each document requested)

1. Title of Public Authority:.....
(Please state the name of the Public Authority from which you are requesting the document)

2. Name of Applicant:
(Print)

Last.....First.....Middle.....

3. Address: Mailing..... Business.....
.....
.....
Tel: Fax:..... Tel:..... Fax:.....

Email Other
.....
.....

4. Description of Document :
(please state all information available to you which will assist us in filling your request quickly)
Name/Type of document (if known)
Reference/File No. (if known).....
Other
.....
.....
.....

5. I would like to:
(please check the relevant box(es))

- inspect the document**
- listen to the document**

- view the document**
- have a copy(ies) of the document made available to me in the following format:**
 - photocopy**
 - compact disc**
 - diskette**
 - transcript**
 - other** (please specify)

Number of copies required :

Please note that:

- *payment will be required before copies are made;*
- *information on available formats and prices per copy may be obtained from the relevant Public Authority*
- *where provision of copies in the requested format is not possible, an alternative format, as may be agreed between the parties, will be made available.*

.....
Signature of Applicant

Date.....

Note: Responsible Officers should complete a Memorandum of Attestation & Verification if an Application is completed by him/her on behalf of the Applicant.