



## FREEDOM OF INFORMATION REQUEST FORM

Applications can be made under a pseudonym.

Application made to (name of authority):

### Details of Applicant:

Surname (Family Name):	First Name:
Organisation (if relevant)	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Other
Postal Address:	Postal Code:
Home Phone Number:	Work Phone Number:
Email Address:	Fax:

### Details of Request:

I request access to record(s) covering matters which are:  1. Personal <input type="radio"/> Please include the name of the person to whom the information refers: _____  2. Non-Personal <input type="radio"/>	<b>Office Use Only</b>
	Identity verified? (personal information only) <input type="checkbox"/> Yes <input type="checkbox"/> No Type of identification: _____  Authorization to make application? <input type="checkbox"/> Yes <input type="checkbox"/> No (personal information only)

### The record(s) I request are: (attach additional pages if necessary)

### Do you wish for your request to be expedited? (see back and, if yes please attach an explanation)

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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### I wish to receive a copy/copies of the record(s) in the following format:

<input type="checkbox"/> Photocopy	<input type="checkbox"/> Electronic (via email)
<input type="checkbox"/> Compact Disc (audio / video data)	<input type="checkbox"/> Transcript
<input type="checkbox"/> Other (please specify)	Number of copies required:

### The applicant must complete this section (tick appropriate box):

I want physical copies of the record(s) to be:  <input type="checkbox"/> Delivered to me <input type="checkbox"/> Available for pick-up	<input type="checkbox"/> I want to inspect / view / listen to the record(s)
	<input type="checkbox"/> I want to have the record(s) emailed to me
SIGNATURE:  _____	DATE:  _____