

APPLICATION FOR ACCESS TO A RECORD

Part XX - Freedom of Information and Protection of Privacy of the Municipal Government Act: Subsection 466(1)

1. I am applying for access to:

My own personal information

General information

Both my own personal information and other information

2. Please specify the name of record; the date record was produced; the type of record (letter; report; etc.); what the record is about; and, any other identifiable information about the record. A separate sheet may be attached, if needed. **IF YOUR REQUEST IS TOO GENERAL, THE TIME PERIOD TO RESPOND TO YOUR REQUEST MAY BE EXTENDED**

3. I would like to:

Examine the record(s)

Receive a copy of the record(s)

4. I understand that I am required to pay a fee of \$5.00 before obtaining access to the record(s).

Request to Waive Fees

5. I hereby request to be excused from paying fees related to the above application because:

I cannot afford to pay

Other reasons (Please specify)

Name of Applicant:

Mailing Address:

Telephone Number:

Signature:

Please submit your request and the \$5.00 application fee (unless waived) to:

Devin Trefry, FOIPOP Administrator, Municipality of the County of Colchester

1 Church Street, Truro, Nova Scotia, B2N 3Z5

Email: dtrefry@colchester.ca Fax: (902) 843-4066

For Office Use Only

Date Received:

Application Number: