



Application for Access to Information

1. This is an application pursuant to Part XX of the *Municipal Government Act* (Freedom of Information and Protection of Privacy) for access to (*check one*):
 applicant's own personal information; or
 other information; or
 both applicant's own personal information and other information.
2. I am applying for access to the following record:

[A separate sheet may be attached to the application if preferred. Identify the material applied for as precisely as possible including such particulars as the type of record, specific event or action to which it refers, and the date or period to which it relates. The more specific, clear and complete your request is, the more quickly and accurately it can be answered. If is too general, too broad or not detailed enough the time to receive a response may be extended.]

3. I wish to (check one): examine the record; or receive a copy of the record.
4. I intend to use this information to prepare a mail-out list yes no
5. I may be required to pay a fee before obtaining access to the record. **Check to acknowledge**

DATE _____ APPLICANT SIGNATURE _____
PRINT APPLICANT FULL NAME _____
MAILING ADDRESS _____
TELEPHONE _____ EMAIL _____

REQUEST TO WAIVE FEES

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

(a) I cannot afford to pay _____ or (b) *specify other reason* _____

PLEASE SUBMIT COMPLETED REQUEST TO:

Ms. Dawn Campbell, FOIPOP Administrator, Municipality of the County of Annapolis
P.O. Box 100 752 St. George Street Annapolis Royal, NS B0S 1A0
Email dcampbell@annapoliscounty.ns.ca Phone 902-532-2335

FOR OFFICE USE ONLY

Date Received _____

Application No: _____