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 YOUR REQUEST IS TOO GENERAL OR NOT DETAILED ENOUGH, THE TIME PERIOD TO RESPOND TO YOUR REQUEST 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

   I understand that I may be required to pay a fee before obtaining access to the record. _______ yes (please check to acknowledge)

   DATE: ________________ APPLICANT SIGNATURE: ____________________________________________________________

   PRINT APPLICANT FULL NAME: ____________________________________________________________

   MAILING ADDRESS: ________________________________________________________________

   TELEPHONE NUMBERS: ________________________________________________________________

   (Residence) (Business) (Fax)

   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 FORMAT 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
   FAX 902-532-2096 Email dcampbell@annapoliscounty.ns.ca Phone 902-532-2335

   FOR OFFICE USE ONLY
   Date Received ____________________ Application No: ________________