



Form # 1
Access to Information Application
Part XX - Freedom of Information and Protection of Privacy
Municipal Government Act

TO: **Angie Williams, Access & Privacy Coordinator**
Halifax Regional Municipality, P. O. Box 1749, Halifax, NS B3J 3A5
or hand deliver to: Duke Tower, 5251 Duke Street, 3rd Floor, Halifax, NS
Tel: (902) 490-4234 Fax: (902) 490-4454

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:

- (a) applicant's own personal information; or
- (b) other information; or
- (c) both applicant's own personal information and other information

According to Part XX, Section 461(f) of the Municipal Government Act, personal information may include but is not limited to the individual's name, address or telephone number; race, sex, sexual orientation, marital or family status; information about an individual's health-care history, including a physical or mental disability; and/or information about the individual's educational, financial, criminal or employment history.

2. With the exception of requests pertaining to personal information, **all applications must be accompanied by a cheque or money order (made payable to the Halifax Regional Municipality) in the amount of five dollars (\$5.00).**

I have enclosed a cheque or money order in the amount of \$5.00.

3. I am applying for access to the following record:
*(Please identify **as precisely as possible** the material for which you are applying. Include particulars such as the specific event or action to which the material refers, the date of the record, or the date or time frame to which it relates; the type of record (document, report, letter, etc.); names of HRM personnel who prepared or may have knowledge of the information; or references to newspapers or publications which are known to have referred to the record.)*

4. I wish to: **Check one:** (a) ___ examine the record; or (b) ___ receive a copy of the record.

5. I understand that in addition to the mandatory application fee, I may be required to pay a fee **before** obtaining access to the record. If such is the case, you will be duly advised.

Date: _____

Signature of Applicant: _____

Print Full Name of Applicant: _____

Mailing Address of Applicant: _____

Telephone Numbers of Applicant: (Res): _____ (Bus): _____

Fax Number of Applicant: _____

E-Mail Address of Applicant: _____

REQUEST TO WAIVE FEES

I hereby request to be excused from paying fees (other than the application fee which is mandatory) that may be required in the processing of this application because:

Check One:

- (a) I cannot afford to pay fees _____ **OR**
- (b) Specify any other reason

FOR OFFICE USE ONLY

Date Received _____ Application No. _____

Action Taken:

