

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

**Attn: Access & Privacy Office**  
**Halifax Regional Municipality**  
**Mailing Address:** P. O. Box 1749, Halifax, NS, B3J 3A5  
**Delivery Address:** Duke Tower, 5251 Duke St, 3rd Floor, Halifax, NS B3J 1P3  
**Phone:** 902-490-7460  
**Fax:** 902-490-4454  
**Email:** [accessandprivacy@halifax.ca](mailto:accessandprivacy@halifax.ca)

**Section 1: Type of Request**

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):

<input type="checkbox"/>	Personal - Applicant's own personal information (Application fee - No cost)
<input type="checkbox"/>	General - Other Information (\$5.00 application fee - mandatory)
<input type="checkbox"/>	Combination of Personal & General (\$5.00 application fee - mandatory)

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

**Section 2 - Description of Records Requested**

*\* Please describe the records you are looking for as precisely as possible.*

*\*\* If you are requesting property related records, we will process one civic address per application.*

I am applying for access to the following record(s):

*If known, which municipal department has the records you are requesting:*

*If applicable, for what date range would you like us to conduct a search for the records requested:*

**From (MM/DD/YY):**

**To (MM/DD/YY):**

*If known, please specify any reference or file number associated to the records requested:*

### Section 3 – Record Format Requested

I wish to receive the record(s) requested in the following format (check one):

<input type="checkbox"/>	Examine the record(s)
<input type="checkbox"/>	Receive copy of the record(s)
<input type="checkbox"/>	Receive an electronic copy of the record(s) if possible.

**\*\* Note: electronic records are typically provided in pdf or excel format and depending on file(s) size, they may be emailed or for an additional fee, saved to disk/flash drive.**

### Section 4 – Contact Information

<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Ms.	First Name:	Last Name:	
<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Miss.			
Street No.:		Street Name:			Suite/Unit No.:	
City/Town:				Province:		Postal Code:
Phone (Res):			Phone (Bus):		Phone (cell):	
Fax No.			Email:			
Signature:					Date (MM/DD/YYYY):	

### Section 5: Payment of Application Fee

<input type="checkbox"/>	\$5.00 cheque or money order payable the Halifax Regional Municipality (HRM) is enclosed.
<input type="checkbox"/>	<p>I will make payment by cash or debit at a municipal customer service centre.</p> <p><b>** The locations and hours of operation can be found on our <a href="#">municipal website</a>.</b></p> <p><i>Once your application form is received by email or fax we will provide you with the file number assigned to your application. This number should be provided to the agent at the customer service centre when making payment. A copy of your receipt will be forwarded to the Access &amp; Privacy Office for your file.</i></p> <p><b>Please note, submission of your application will not be considered complete until payment has been made.</b></p>

### Section 6 – Request to Waive Additional Fees (\*\* see page 3 for summary of fees)

I hereby request to be excused from paying fees (other than the application fee which is mandatory for General or Personal/General request) that may be required in the processing of this application because:	
<input type="checkbox"/>	I cannot afford to pay additional fees
<input type="checkbox"/>	Specify any other reason:

#### Collection & Use Disclosure Statement

In accordance with Section 485 of the Municipal Government Act, the personal information collected on this form will only be used and/or disclosed if necessary, for the purpose of processing this Access to Information Application. If you have any questions about the collection and use of this information, please contact HRM's Access & Privacy Office at (902) 490-7460 or [accessandprivacy@halifax.ca](mailto:accessandprivacy@halifax.ca).

<b>Access to Information Request – Summary of Fees</b>		
<b>Application Fee</b>	Request for records <u>personal</u> in nature	<b>N/A</b>
	Request for <u>general</u> records	<b>\$5.00</b>
	Request for a <u>combination of personal and general</u> records	<b>\$5.00</b>
<b>** For larger volume requests, the following are additional fees that may be charged for the processing of anything above the initial 250 pages.</b>		
<b>Processing Fees</b>	Locating & Retrieving records	<b>\$15 per ½ hour</b>
	Record Preparation (review of records and the severing of information as dictated by legislation)	<b>\$15 per ½ hour</b>
<b>Photocopying</b>	Black & White pages	<b>\$0.20/page</b>
	Colour pages	<b>\$0.30/page</b>
	Large/oversized drawings or plans	<b>\$5.00/plan</b>
<b>Shipping &amp; Handling</b>	<b>** For shipping a record, the fee will be the actual costs of shipping method chosen by the applicant.</b>	
<b>Cost Recovery</b>	Flash Drive (if used for the release of electronic records/files	<b>\$7.00+tx ea.</b>
	<b>** If electronic records are requested and an email address has been provided, we will do our best to release the records via email correspondence however due to file(s) size if we are unable to do so we will save electronic records to a flash drive.</b>	

**\*\* Please note, most our applications do not result in additional fees being charged, however if it is determined that the volume of records requested necessitates a fee estimate, you will be advised accordingly.**