

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

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**TO:** FOIPOP Coordinator Halifax Regional  
Police Attention: Inspector Don Moser  
1975 Gottingen Street, Halifax, NS B3J 2H1  
TEL: (902) 490-3202  
FAX: (902) 490-5038

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.
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.)*

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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.

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6. 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

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name of Applicant: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_  
(Street/Apartment No./R.R. No.)

\_\_\_\_\_  
(Community)

\_\_\_\_\_  
(Postal Code)

\_\_\_\_\_  
Telephone (Daytime)

\_\_\_\_\_  
Telephone (Cellular)

\_\_\_\_\_  
(Fax)

E-Mail Address of Applicant: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Application No. \_\_\_\_\_

Action Taken:

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