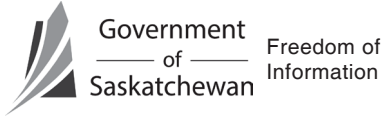


PART III

Form A

[Clause 6(1)(a) of the Act]



Access to  
Information  
Request Form

LOCAL AUTHORITY FREEDOM OF  
INFORMATION AND PROTECTION  
OF PRIVACY  
Form A  
[Clause 6(1)(a)]

Personal information and personal health information on this form is collected under *The Local Authority Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act* and will be used or disclosed only as necessary to respond to your request.

**INFORMATION ABOUT YOU**

Last Name  First Name

Name of Company or Organization (if applicable - optional)

Address  City  Province  Postal Code

Day Phone Number  Alternate Number  Fax Number  Email

**INFORMATION ABOUT THE RECORDS YOU ARE REQUESTING**

Are you requesting:

- your own personal information.
- personal information about someone other than yourself (*attach proof that you have authority to receive the information requested*).
- general information.

**To which local authority are you making your request?** Enter the name of the local authority that you believe has the records you are requesting.

**What records do you wish to access?** Please provide a detailed description of the records you wish to access. This information will help locate the records.

LOCAL AUTHORITY FREEDOM OF INFORMATION  
AND PROTECTION OF PRIVACY

L-27.1 REG 1

What is the time period for the records you are requesting (if applicable)?

There is a processing fee of \$20 payable to the local authority. The person managing your request may contact you to seek clarification or to discuss aspects of the request, including the application of additional fees if necessary. You may request a waiver of the processing fee or additional fees, but may be required to provide evidence of substantial financial hardship (see section 8 of the regulations). Please keep a copy of this request for your records.

Check if requesting waiver of processing fees:  
I request that payment of the fees related to this request be waived because payment will cause me substantial financial hardship. Details are as follows: *(Use reverse of form if additional space is required.)*

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*Signature of Applicant*

**FOR OFFICE USE ONLY**

Date Received

Application Number

30-Day Response Date