

FIRST SCHEDULE (*Section 8)*

REQUEST FORM

REQUEST FOR ACCESS TO INFORMATION

**1. PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD**

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| **Surname** | **Forename(s)** | **Title \*Mr/Mrs/Miss/Ms/Dr** |
| **I.D No.** | **Postal Address** | |
| **Tel No** | **Fax No** | **Email** |
| **Capacity in which request is made, when made on behalf of another person:** | | |
| **Particulars of person on whose behalf request is made** *(complete* ***ONLY*** *if a request is made on behalf of another person)* | | |
| **Surname** | **Forename(s)** | **I.D No** |

*\*Delete inapplicable*

**2. INFORMATION REQUESTED**

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| To: The Information Officer  For:  **[State the name of the Entity where information is requested]** | | | | | |
| **Details of Information Requested**  **Notes:**   1. Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located. If possible, state subject matter, date range, type of records etc. Be as specific as possible. 2. If the provided space is in adequate, please continue on a separate sheet and attach it to this form. You must sign all the additional sheets. | | | | | |
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| **METHOD OF ACCESS PREFERRED** *(Please choose one)*  If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 below, state your disability and indicate in which form the record is required.  Disability …………………………………………………………………………………………………  Form in which record is required …………..……………………………………………………………. | | | | | |
| 1. **If the record is written or printed form:** | | | | | |
| Receive paper copies of the documents |  | Receive electronic copies of the documents |  | Examine the documents in government offices |  |
|  | | | | | |
| 1. **If record consists of visual images – this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):** | | | | | |
| View the images |  | Copy the images |  | Transcription of the images |  |
| 1. **If the record consists of recorded words or information which can be reproduced in sound:** | | | | | |
| Listen to the sound track |  | Transcription of the sound track |  |  |  |
|  | | | | | |
| 1. **If record is held on computer or in an electronic or machine-readable form:** | | | | | |
| Printed copy of record |  | Printed copy of information derived from the record |  | Copy in computer readable form (compact disc or flash drive) |  |

***Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available.***

In which language would you prefer the record?.............................................................................

**3. FEES**

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| 1. A request for access to a record, other than a record containing personal information about yourself, will be processed only after a fee has been paid. 2. You will be notified of the amount required to be paid as the access fee. 3. The fee payable for access to record depends on the form in which access is required and the reasonable time required to search for and prepare a record. 4. If you qualify for exemption of the payment of any fee, please state the reason for exemption.   Reason for exemption from payment of fees…………………………………………………………………………..........  ……………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………….. |

**4. NOTICE OF DECISION REGARDING REQUEST FOR ACCESS**

You will be notified in writing whether your request has been approved / denied. If you wish to be informed in another manner, please specify the manner and provide necessary particulars to enable compliance with your request.

How would you prefer to be informed of the decision regarding your request for access to the record?

………………………………………………………………………………………………………………………………………………………………………………………………………………………………Signed at ………………………………this ………………………..day of ………………………………

………………………………………………………….

**Signature of Applicant /**

**Person on whose behalf request is made**

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| **ADDITIONAL NOTES:**   1. Compliance with your request for access in the specified form may depend on the form in which the record is available. 2. Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form. 3. You may be asked to provide additional information to help the information officer meet your request. The entity may not be able to process your request if you do not provide sufficient information. |

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| FOR OFFICE USE  Reference Number …………………………………………….  Request received by………………………………………………………………………………………  *(State rank, name and surname of information officer)*  on…………………………………………………………………………………………………...(date)  at ………………………………………………………………………………………………….(place)  Access fee (if any): $.................................................................................................................................  Deposit (if any): $ ……………………………………………………………………………………….  ……………………………………………………………………………………  SIGNATURE OF INFORMATION OFFICER |
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