



To: Municipal FOIPOP Administrator
West Hants Regional Municipality
76 Morison Dr, PO Box 3000
Windsor, NS B0N 2T0

Phone: 902-798-8391

1. Pursuant to the Municipal Government Act, Part XX, Freedom of Information and Protection of Privacy, I am applying for access to (check one):

- my own (applicant's) personal information, or
- other information, or
- both my own (applicant's) personal information and other information

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.

Source - MGA, Part XX, Section 461(f)

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 Municipality of West Hants in the amount of five dollars (\$5.00). I have enclosed a:

- cheque for \$5.00, or
- money order for \$5.00

3. I am applying for access to the following record:

(In the space provided below (or attach additional if more space is needed), 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 Municipal employees 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:

_____ examine the record, or
_____ 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. This fee would cover the cost of staff time to prepare the information. If this is the case, I will be duly advised and an estimate will be provided prior to preparing the information.

Date: _____

Applicant's Name: _____

Applicant's Signature: _____

Applicant's Mailing Address: _____
Street/Apartment Number or Rural Route Number

Community _____ Postal Code _____

Applicant's Telephone. Numbers: _____
Home _____ Work _____

Applicant's Fax Number: _____

Applicant's E-mail Address: _____

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:

_____ I cannot afford to pay fees; or
_____ specify any other reason
