GEORGE MUNICIPALITY

FORM A

REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY

(Section 18(1) of the Promotion of Access to Information Act,2000) (Act No. 2 of 2000)

[Regulation 6]

FOR DEPARTMENTAL	JSE						
	Reference number:						
Request received by (state rank, name and surname of information officer/deputy information officer) on							
	(date) at		(place).				
Request fee (if any) :	R						
Deposit (if any) :	R						
Access fee :	R						
	-	BIGNATURE OF INFORM DEPUTY INFORMATION					

A. Particulars of public body

The Information Officer / Deputy Information Officer:

B. Particulars of person requesting access to the record

he particulars of the person	who requests access to the record must be given below
	ber in the Republic to which the information is to be ser
Proof of the capacity in which	the request is made, if applicable, must be attached.
Full names and surname:	
Identity number:	
Postal address:	
Telephone number:	Fax number:
E-mail address:	
Capacity in which request is n	nade, when made on behalf of another
person:	
Particulars of person on wh	ose behalf request is made
This section must be complete another person.	e ONLY if a request for information is made on behalf o
Full names and surnames:	

D. Particulars of record

(a) 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.

(b) If the provided space is inadequate, please continue on a separate folio and attach it to this form. **The requestor must sign all the additional folios.**

Reference number, if ava	ailable:	 	
Any further particulars of	record:		

E. FEES

(a) A request for access to a record, other than a record containing personal information about yourself, will be processed only after a **request fee** has been paid;

(b) You will be notified of the amount required to be paid as the request fee;

(c) The **fee is payable for access** to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record;

(d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees:

F. Form of access to record

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:

Mark the appropriate box with an X

NOTES:

(a) Compliance with your request for access in the specified form may depend on the form in which the record is available;

(b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed in access will be granted in another forum.

(c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.

1. If the record is written on printed form:						
Copy of record						
2. If record consists of visual images –						
(this includes photographs, slides, video recordings, computer-generated						ed
images,						
sketches, etc.)						
view the images	сору	of the	images		Transcriptior images*	n of the
3. If record consists of recorded words or information which can be reproduced in sound:						
listen to the soundtrack (audio Transcription of soundtrack* (written or					itten or	
cassette) print documents)						
4. If record is held on computer or in an electronic or machine-readable						
form:						
printed copy of		Printed copy of information			Copy in computer	
record *	derived fro	derived from the record *			readable form* (stiffy	
					or compact di	· · ·
If you request a copy or transcription of a record (above), do YES NO						
you wish the copy or transcription to be posted to you						
Postage is payable						
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?

G. Notice of decision regarding requests 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 the 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 _____20___

SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE