

Local Authority Freedom of Information and Protection of Privacy Access to Information Request Form

Please direct this request to Vince Brittain (email: vbrittain@pagc.net)

1211 1st Avenue West

Prince Albert SK S6V 4Y8

A copy of the Local Authority Freedom of Information and Protection of Privacy Act can be accessed

Applicant Information

Last Name		First Name	
Address		City or Town	Province
Postal Code	Telephone – Home	Telephone – Work	Telephone - Fax

Details of Requested Information

Type of Request:	General Information Request	Personal Information Request
Name of Record (if kn	own)	
Detailed Description of	of Record	

I understand that an application fee of \$20 is to be submitted with this request unless, with respect to a request for personal information, the fee is waived under the terms of the Act.

I also understand that there may be a processing fee to process this request and that, prior to receiving access to the records I have requested, I am required to pay that fee unless it is waived.

Check this box if you are requesting to have the processing fee waived.

I request that payment of the processing fee related to this request be waived because payment will cause me substantial financial hardship. Please record the details on the back of this form.

Signature of Applicant: _____

For Office Use Only						
Date Received:			Expiry Date:			
Application Fee Received:	Yes	No	Waived			