



FORM #1

Access to Information Application

Part XX – Freedom of Information
and Protection of Privacy

This is an application pursuant to Part XX of the Municipal Government Act (Freedom of Information and Protection of Privacy) for access to:

Check one:

- Applicant's own personal information; or
- Other information; or
- Both applicant's own personal information and other information

According to Part XX, Section 461(f) of the Municipal Government Act, 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.

With the exception of requests pertaining exclusively to personal information, all applications must be accompanied by a payment (made payable to the Town of Mahone Bay) in the amount of five dollars (\$5.00). Applications submitted in person may be paid by cash, debit or cheque. Online applications can be made by e-transfer to clerk@townofmahonebay.ca

I have enclosed a cheque or money order in the amount of \$5.00.

I am applying for access to the following record:

*(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 Town of Mahone Bay personnel who prepared or may have knowledge of the information; or references to newspapers or publications which are known to have referred to the record.)*

I wish to: **Check one:**

Examine the record; or

Receive a copy of the record.

I understand that in addition to the mandatory application fee, I may be required to pay a fee **before** obtaining access to the record. If such is the case, you will be duly advised.

Date: _____

Signature of Applicant: _____

Print Full Name: _____

Mailing Address: _____

Telephone Numbers (Res): _____ (Bus): _____

Fax Number: _____ E-Mail Address: _____

A decision on your request will be rendered by the CAO within 30 days of this application.

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:

Check One:

- I cannot afford to pay fees OR
- Specify any other reason

FOR OFFICE USE ONLY

Date Received: _____ Application No.: _____

Action Taken:

TO: **Dylan Heide, CAO**
Town of Mahone Bay, P. O. Box 530, Mahone Bay, NS B0J 2E0
or hand deliver to: 493 Main Street, Mahone Bay, NS
Tel: (902) 624-8327 Fax: (902) 624-8069
clerk@townofmahonebay.ca