



Application for Access to Information

1. 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.
2. I am applying for access to the following record:

[A separate sheet may be attached to the application if preferred. Identify the material applied for as precisely as possible including such particulars as the type of record, specific event or action to which it refers, and the date or period to which it relates. The more specific, clear and complete your request is, the more quickly and accurately it can be answered. If it is too general, too broad or not detailed enough the time to receive a response may be extended.]

3. I wish to (check one): examine the record; or receive a copy of the record.
4. I intend to use this information to prepare a mail-out list yes no
5. I may be required to pay a fee before obtaining access to the record. *Check to acknowledge*

DATE	APPLICANT SIGNATURE
PRINT APPLICANT FULL NAME	
MAILING ADDRESS	
TELEPHONE	EMAIL

REQUEST TO WAIVE FEES

I hereby request to be excused from paying fees related to the above application because:

(a) I cannot afford to pay

or (b) specify other reason

Please save this filled in form as a PDF file and submit by email to: Sarah Kucharski, FOIPOP Administrator, County of Annapolis at: skucharski@annapoliscounty.ca or print off and mail to:
P.O. Box 100 752 St. George Street Annapolis Royal, NS B0S 1A0

If you have questions or need assistance to complete the form please call: 902-532-2335 or email Sarah.

FOR OFFICE USE ONLY

Date Received

Application No:

