

GEORGE MUNICIPALITY

FORM A

REQUEST FOR ACCESS TO RECORD OF PUBLICBODY

(Section 18(1) of the Promotion of Access to Information Act,2000)

(Act No. 2 of 2000)

[Regulation 6]

FOR DEPARTMENTAL USE

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.....

**SIGNATURE OF INFORMATION OFFICER
/ DEPUTY INFORMATION OFFICER**

A. Particulars of public body

The Information Officer / Deputy Information Officer:

B. Particulars of person requesting access to the record

- (a) The particulars of the person who requests access to the record must be given below;
- (b) The address and / or fax number in the Republic to which the information is to be sent, must be given;
- (c) 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 made, when made on behalf of another

person: _____

C. Particulars of person on whose behalf request is made

This section must be complete ONLY if a request for information is made on behalf of another person.

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.**

1. Description of record or relevant part of the record: _____

2. Reference number, if available: _____

3. 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:					
<input type="checkbox"/>	Copy of record	<input type="checkbox"/>	Inspection of record		
2. If record consists of visual images – (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)					
<input type="checkbox"/>	view the images	<input type="checkbox"/>	copy of the images	<input type="checkbox"/>	Transcription of the images*
3. If record consists of recorded words or information which can be reproduced in sound:					
<input type="checkbox"/>	listen to the soundtrack (audio cassette)	<input type="checkbox"/>	Transcription of soundtrack* (written or print documents)		
4. If record is held on computer or in an electronic or machine-readable form:					
<input type="checkbox"/>	printed copy of record *	<input type="checkbox"/>	Printed copy of information derived from the record *	<input type="checkbox"/>	Copy in computer readable form* (stiffy or compact disc)
If you request a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you Postage is payable				YES	NO
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

FORM B

GEORGE MUNICIPALITY

NOTICE OF INTERNAL APPEAL

(Section 75 of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

[Regulation 8]

STATE YOUR REFERENCE
NUMBER: _____

A. Particulars of public body

The Information Officer/Deputy Information Officer:

B. Particulars of requester/third party who lodges the internal appeal

- (a) The particulars of the person who lodges the internal appeal must be given below;
- (b) Proof of the capacity in which appeal is lodged, if applicable, must be attached.
- (c) If the applicant is a third person and not the person who originally requested the information, the particulars of the requester must be given at C below.

Full names and surname: _____

Identity numbers: _____

Postal address: _____

Telephone number: _____ Fax number: _____

E-mail address: _____

Capacity in which an internal appeal on behalf of another person is lodged:
