



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

Please direct this request to **Privacy Officer (email: [rjenny@srsd119.ca](mailto:rjenny@srsd119.ca))**

545 – 11<sup>th</sup> Street East

Prince Albert SK S6V 1B1

A copy of the Local Authority Freedom of Information and Protection of Privacy Act can be accessed  
online: <http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/F22-01.pdf>

### ***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 known)		
Detailed Description 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:** \_\_\_\_\_

<i>For Office Use Only</i>			
Date Received: _____	Expiry Date: _____		
Application Fee Received:    Yes    No	Waived		