SCHEDULE
(Regulations 8, 17 and 19)

Form 1 (Regulation 8 (1) and (2))

Reference No.

THE ACCESS TO INFORMATION ACT, 2002

APPLICATION FORM FOR ACCESS TO OFFICIAL DOCUMENT
(Please use a separate application form for each document requested)

1. Title of Public Authority:........................................................................................................................................................................
(Please state the title of the public authority from which you are requesting the document).

2. Name of Applicant: 
(Print).
Last.................................. First......................................Middle......................................

3. Address:  
(Please indicate the address to which correspondence related to your application should be sent).

Mailing................................. Business.................................
............................................... ..............................................
............................................... ..............................................
Tel: ..................  Fax:.......... Tel:..............  Fax:................

Email.................................... Other...................................
............................................. .............................................
............................................. .............................................

4. Description of Document: 
(Please state all information available to you which will assist us in filling your request quickly).

Name/Type of Document (if known).................................................................................................................................
Reference/File No. (if known)............................................................................................................................................
Other...................................................................................................................................................................................

5. I would like to:  
(Please check the relevant box(es)

☐ inspect the document
☐ listen to the document
☐ view the document
☐ have a copy(ies) of the document made available to me in the following format:

☐ photocopy  
☐ compact disc  
☐ diskette  
☐ transcript  
☐ other (please specify)...........................

Number of copies required :..........................

Please note that:
– payment will be required before copies are made;
– information on available formats and prices per copy may be obtained from the relevant public authority;
– where the provision of copies in the requested format is not possible, an alternative format, as may be agreed between the parties, will be made available.

............................................................ Date................................................
Signature of Applicant

Note: Responsible Officers should complete a Memorandum of Attestation & Verification if an Application is completed by him/her on behalf of the Applicant.