



# Rural Municipality of Rosthern No. 403

## Access to Information Request Form

(Please Print) Applicant Information		
Last Name	First Name	
Address	City or Town	Province
Postal Code	Contact Number	Email
Detail of Requested Information		
General Information Request <input type="checkbox"/>	Personal Information Request <input type="checkbox"/>	
Name of Record <i>(if known)</i>		
Detailed Description of Record: <hr/> <hr/> <hr/>		
I understand that there is a fee for this application and prior to receiving access to any records, I am required to pay the fee and any other fees that may arise as a result of my request. <hr/>		
Signature of Applicant		
Request to Waive Fees		
I hereby request that payment of fees related to the above request be waived because my application is for personal information or because payment of fees will cause me substantial financial hardship. Details are as follows: <i>(Use reverse of form if additional space is required.)</i> <hr/> <hr/>		
Signature of Applicant		
For Office Use Only		
Date Received:	Application Fee Received: YES or NO	
Received By:	Application No:	