



## APPLICATION FOR ACCESS TO INFORMATION

Part XX- Freedom of Information and Protection of Privacy of the Municipal Government Act: Subsection 466(1)

1 I am applying for access to:

- My own personal information  
 General information  
 Both my own personal information and other information

2 I am applying for access to the following record:

(As precisely as possible identify the name of the record, type of record, date record was produced, what the record is about and any other relevant information)

Attach additional pages if required.

3 I would like to:

- Examine the record(s)  Receive a copy of the record(s)

4 I understand that a payment of \$5.00 to the Town of Westville is required with the application and that I may be required to pay an additional fee prior to obtaining access to the record(s)

**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:

- I cannot afford to pay fees; or  
 specify other reason \_\_\_\_\_

### PLEASE SUBMIT YOUR REQUEST AND FEE TO:

Scot Weeres, FOIPOP Administrator, Town of Westville

PO Box 923 Queen St Westville NS B0K 2A0

[scot.weeres@westville.ca](mailto:scot.weeres@westville.ca)

902-396-1500

*For Office Use Only*

Fee Pd:

Date received

Application #