

**APPLICATION FOR ACCESS TO A RECORD
MUNICIPALITY OF THE DISTRICT OF SHELBURNE
ACCESS TO INFORMATION POLICY**

TO:

CHIEF ADMINISTRATIVE OFFICER, KIRK COX
MUNICIPALITY OF THE DISTRICT OF SHELBURNE
PO BOX 280, 136 HAMMOND STREET
SHELBURNE, NS
BOT 1WO
(F) 902-875-1278

1. This is an application pursuant to the Municipal Government Act (MGA) for access to (check one):

- (a) applicant's own personal information; or
 (b) other information; or
 (c) both applicant's own personal information and other information.

2. I am applying for access to the following record:

(Below, identify the material applied for precisely by including such particulars as the specific event or action to which it refers, the date of the record or the date or period to which it relates, the type of record (document, report, letter, etc.), names of department personnel who prepared or may have knowledge of the information, or citations to newspapers or publications which are known to have referred to the record.)

3. I wish to (check one):

- (a) examine the record; or
 (b) receive a copy of the record.

4. I understand that I may be required to pay a fee before obtaining access to the record.

Date: _____
Signature of Applicant: _____
Print Full Name of Applicant: _____
Mailing Address of Applicant: _____

(Street/ PO Box/RR#)

(Community/Province/Postal Code)