



**FOIPOP Access to Information Application Form**  
**PART XX – Freedom of Information and Protection of Privacy**  
**Municipal Government Act**

**TO: Sarah Mattatall, CAO**  
**Town of Shelburne, P.O. Box 670, Shelburne, NS, B0T 1W0**  
**Sarah.mattatall@shelburnens.ca**  
**Or hand deliver to: 162 Mowatt Street, Shelburne, NS**  
**Tel: (902) 875 – 2991 ext. 5 / Fax (902) 875 – 3932**

1. This is an application pursuant to Part XX of the Municipal Government Act (Freedom of Information and Protection of Privacy) for access to:  
\*Check one

- Applicant’s own personal information  
 Other information  
 Both applicant’s own personal information and other information

According to Part XX, Section 461(f) of the Municipal Government Act, personal information may include but is not limited to the individual’s name, address or telephone number; race, sex, sexual orientation, marital or family status; information about an individual’s health-care history, including a physical or mental disability; and/or information about the individual’s educational, financial, criminal or employment history.

2. With the exception of requests pertaining exclusively to personal information, all applications must be accompanied by a cheque or money order (made payable to the Town of Shelburne) in the amount of five dollars (\$5.00) per application. Cash or Debit payments can be made at the Town Office in person.

There is no charge for applications for your own personal information or correction of your personal information. However, there is a mandatory \$5 application fee for access to general records. If the application is for access to general records, you may also be charged for:

- the cost of staff time to locate and retrieve information;
- the cost of staff time to prepare the records; and
- photocopying, mailing, and if applicable, fax charges.

If a public body intends to charge a fee for records it must provide a fee estimate. Under the regulations to the Acts, a public body is entitled to charge \$15.00 per half hour of staff time and \$0.20 for each photocopy.

3. I am applying for access to the following record:  
(Please identify **as precisely as possible** the material for which you are applying. Include particulars such as the specific event or action to which the material refers, the date of the record, or the date or time frame to which it relates; the type of record )document, report,

letter, etc); names of Town of Shelburne personnel who prepared or may have knowledge of the information; or references to newspapers or publications which are known to have referred to the record.)

- 4. I wish to: **Check one** \_\_\_\_\_ examine a record; or \_\_\_\_\_ receive a copy of the record.
- 5. I understand that in addition to the mandatory application fee, I may be required to pay a fee **before** obtaining access to the record. If such is the case, you will be duly advised.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

*A decision on your request will be rendered by the CAO within 30 days of this application.*

### **REQUEST TO WAIVE FEES**

I hereby request to be excused from paying fees (other than the application fee which is mandatory) that may be required in the processing of the application because:

\_\_\_\_\_ I cannot afford to pay fees **OR**

\_\_\_\_\_ Other reason (please specify):

**FOR OFFICE USE ONLY**

Date application received: \_\_\_\_\_

Application Number: \_\_\_\_\_

Quote for Records Retrieval (if applicable): \_\_\_\_\_

Action Taken: