***An initial fee of $25 if required for all general requests. Additional fees may apply to process the request. If the cost exceeds $150.00, you will be provided an estimate and asked to pay a 50% deposit.***

**Applicant:**

           

Last Name First Name Middle Initial

Mailing Address

City or Town Province Postal Code

Telephone (Home) Telephone (Work) E-mail

Do you want to receive a copy of the record  **OR** examine the record

**Please describe the information or records to which you want access in as much detail as you can.** *(If you want access to personal information, be sure to provide all of the person’s previous names. If you need more space, please use the back of this form.)*

Signature Date

***The personal information collected on this form will be used to respond to your access to information request. This collection is authorized by section 4(c) of the Protection of Privacy Act. For questions about the collection of personal information, contact the Access to Information Coordinator at*** [***busops@rockyview.ab.ca***](mailto:busops@rockyview.ab.ca)***.***

*Reference:*

* AP180 Access to Information and Protection of Privacy