



1. Pursuant to the Municipal Government Act, Part XX, Freedom of Information and Protection of Privacy,

I am applying for access to (check one):

- my own (applicant's) personal information, or
- other information, or
- both my own (applicant's) personal information and other information

2. With the exception of requests pertaining to personal information, all applications must be accompanied by payment in the amount of five dollars (\$5.00). Payment can be made via mail by cheque or money order, payable to the Municipality of the County of Richmond County, or at the municipal office by cash, debit or cheque.

Payment method: (check one)

- cash or debit of \$5
- cheque for \$5
- money order for \$5

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

(In the space provided below, 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 Municipal employees 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 the 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. This fee would cover the cost of staff time to prepare the information. If this is the case, I will be duly advised and an estimate will be provided prior to preparing the information.

Date: _____

Applicant's Name: _____

Applicant's Signature: _____

Applicant's Mailing Address: _____

Street/Apartment Number or Rural Route Number: _____

Community _____ Postal Code _____

Applicant's Telephone. Numbers: _____

Home Work

Applicant's Fax Number: _____

Applicant's E-mail Address: _____

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 this application because:

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

Send the completed form to:

Municipal FOIPOP Administrator

Municipality of the County of Richmond
 P.O. Box 120,
 2357 Hwy 206
 Arichat, NS B0E 1A0

Other Contact Information

Phone: 902-226-3971
 Fax: 902-226-1510
 Toll-Free: 1-800-567-2600
 Email: clerk@richmondcounty.ca