

<b>TURTLE MOUNTAIN SCHOOL DIVISION</b>	<b>4 – F(b)</b>
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**Application for Access**

Under the Freedom of Information and Protection of Privacy Act any persons requesting information will have to fill an Application to Access form and then send or take that form to the Access and Privacy Coordinator of the public body.

As well as responding to your application for access to records there will be a fee payable (see attached form 2).

# Application for Access



Please see next page for further instructions

## Applicant

Last Name	<input type="text"/>	First Name	<input type="text"/>		
Address	<input type="text"/>	Postal Code	<input type="text"/>	Province	<input type="text"/>
Daytime Phone	<input type="text"/>	Fax	<input type="text"/>		

## To which public body are you making your request?

(View [list of public bodies](#) that may have the records you wish to access)

## What information are you requesting?

I wish to obtain access to the following records (Attach additional page for description if required)

Applicant's Signature \_\_\_\_\_

### *For Public Body Use Only*

*Date Received* \_\_\_\_\_ *Number* \_\_\_\_\_

Please print two copies of this form. Submit one to the public body you are requesting information from and keep one for your own records.

Print Form

## Instructions

### Please

Make only one request on each application form.

Describe the records or information to which you want to access in as much detail as possible.

Send or take this form to the Access and Privacy Coordinator of the public body most likely to have the records you wish to access. Addresses of coordinators are provided on the Internet at <http://www.gov.mb.ca/chc/fippa/wheretosend/index.html>

The addresses may also be obtained by calling the

- Information and Privacy Policy Secretariat (204) 945-1252 or toll free in Manitoba 1-800-617-3588

or

- Manitoba Government Inquiry (204) 945-3744 or toll free in North America 1-866-626-4862

Note that you may be asked to pay certain fees as prescribed by the *Access and Privacy Regulation* before gaining access to records.

Note that if the public body does not respond within 30 days after receiving this application, or if the public body extends this 30-day time period under subsection 15(2) of *The Freedom of Information and Protection of Privacy Act*, you may file a complaint with the Office of the Ombudsman.

The personal information you provide on this form is needed to respond to your access request. It is collected under the authority of clause 36(1)(a) of *The Freedom of Information and Protection of Privacy Act* (the "Act") and the *Access and Privacy Regulation*. Your personal information is protected by the Act. We cannot use or disclose your personal information for other purposes unless you consent or we are authorized to do so by the Act.

If you have any questions about your personal information, please contact the Access and Privacy Coordinator of the public body to which you sent your access request.

**Keep a copy for your records.**

**SCHEDULE A**

**Form 2**

(Subsection 8(1))

**ESTIMATE OF COSTS**

In accordance with subsection 82(2), you are being advised by this estimate that there is a fee payable for responding to your application for access to records. The estimate is as follows, based on charges authorized under sections 4 and 6 of the *Access and Privacy Regulation*:

<b>APPLICATION NUMBER:</b> _____	
<b>Search and Preparation Fee:</b>	
Time in excess of two hours .....	_____ hours
Estimated cost (at \$15.00 each half hour) .....	\$ _____
<b>Computer Programming and Data Processing Fee:</b>	
• Internal work	
Time estimate .....	_____ minutes
Estimated cost (at \$10.00 each 15 minutes) .....	\$ _____
• External Work	
Estimated cost (at actual cost) .....	\$ _____
<b>Total of estimated costs ...</b>	
<b>\$ _____</b>	
<b>Please note:</b> There is generally an additional charge for obtaining copies.	
A refund will be made if access to every record requested is refused, or if the actual cost is less than this estimate.	

**Signed:** \_\_\_\_\_

(Access and Privacy Officer or Coordinator)

**Name of Public Body:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

Please indicate your willingness to proceed by signing below and returning a copy of this form with a cheque payable to \_\_\_\_\_. Applicants have up to 30 days from the date the estimate is given to indicate if it is accepted or to modify the request in order to change the amount of the fees. After this period, the application would be considered to be abandoned. We shall notify you when the records are ready.

<b>Applicant's Signature:</b> _____	<b>Date:</b> _____
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