Town of Middleton
Heart of the Valley

131 Commercial Street
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www.middleton.ca

Freedom of Information & Protection of Privacy Act (FOIPOP)

Form 1 – Application for Access to Information Municipal Government Act, Part XX

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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

   Personal information may include but is not limited to the individual's name, address or telephone number, race, sex, sexual orientation, martial or family status, information about an individual's health-care history, including a physical or mental disability, and/or information about the individual's educations, financial, criminal or employment history.

   Source – MGA, Part XX, Section 461(f)

2. With the exception of requests pertaining to personal information, all applications must be accompanied by a cheque or money order made payable to the Town of Middleton in the amount of five dollars ($5.00). I have enclosed a:

   _____ cheque for $5.00, or
   _____ money order for $5.00

3. I am applying for access to the following record:
   (In the space provided below (or attach additional if more space is needed), 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.); name 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:

   _____ 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 advise 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 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

   _____

   _____