



Access to Information Application

Personal information on this form is collected under Alberta's *Freedom of Information and Protection of Privacy Act* (the Act) and will be used to respond to your request. See the next page for some instructions for completing this form.

About you

Last Name		First Name	
Name of Company or Organization (if applicable)			
Mailing Address		City/Town/Village	Province
Postal Code	Telephone Number		Fax Number
Email Address			

About your request

1. What kind of information do you want to access?

Please check one:

- General information (An initial fee of \$25 is required – see instructions for explanation of fees.)
- Your own personal information (No initial fee is required for personal information.)
- Personal information about another (Please attach proof that you can legally act for that person.)

2. Do you want to: receive a copy of the record? **OR** examine the record?

Copies of responsive records will be provided electronically, through email, unless precluded by file size. In the event that a file is too large to send through email, it will be uploaded onto a flash drive and mailed to you.

3. What records do you want to access? Please give as much detail as possible. If you need more space, please attach a separate sheet of paper.

4. What is the time period of the records? Please give specific dates.

Your signature

Signature	Date
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Collection of personal information

Personal information provided on this form is collected under section 33 of Alberta's *Freedom of Information and Protection of Privacy Act* in order to administer the Municipal District of Taber's Access to Information program and provide applicants responses to their requests. If you have questions about this collection and their use, please contact the FOIP Coordinator at foip@mdtaber.ab.ca or 403-223-3541.



Access to Information Application

Instructions

You can access many MD records without making a request under the Act. To determine what records are in the MD of Taber's care and control, whether you need to make a request under the Act, or if you need help completing the form, contact the FOIP Coordinator at 403-223-3541.

Sign and date the form and send it to the FOIP Coordinator using any ONE of the following methods:

- Fax: 403-223-1799
- Mail: MD of Taber, 4900B - 50 Street, Taber AB, T1G 1T2
- Email: FOIP@mdtaber.ab.ca
- In person at the Administration Office: 4900B - 50 Street, Taber, Alberta.

Do not include your credit card information when sending the form remotely.

Determining the fee required for your request

Are you requesting general information?

- There is an initial fee of \$25.00. For a request to the MD of Taber, make the cheque payable to Municipal District of Taber.
- The MD provides you with an estimated cost before processing begins.
- If the total cost of processing your request is more than \$150, you are asked to pay a 50% deposit.
- Generally, the records are provided when the fee is paid in full.

Are you requesting personal information?

- You must provide proof of your identity before records containing your personal information are released to you.
- If you are requesting records for another person, you must provide proof that you have authority to act for that person (e.g. guardianship or trusteeship order, power of attorney).
- There is no initial fee for accessing your own personal information.
- If the cost of photocopying is more than \$10, you will be notified of the fee.

How to ask for the records you want to access

What records do you want to access?

- Be as specific as possible in describing the records.
- If you need more space, continue your description on a separate sheet of paper and attach it to this request form.

If requesting your own personal information, give:

- your full name;
- any other names that you have previously used; and
- any identifying number that relates to the records, such as your employee number, case number or other identification number.

If requesting another person's information, give:

- the person's full name;
- any other name that person may have used on the records; and
- any identifying numbers for the person, if you know them.

What is the time period of the records?

- Enter the specific dates or date ranges of the records you want to access. (e.g. if you want records for the period January 1, 2005 to August 31, 2007, enter those dates. If you want records from August 2008 to present, enter "August 2008 to present.")

What to expect after submitting your request

Within a few days you should receive an acknowledgment letter, confirming receipt of your request.

You may also receive a call or email asking for further clarification.

Read the wording used on the acknowledgment letter as it may not be identical to what you submitted. If the wording appears to be changing the intention of your request, please contact the FOIP Coordinator at 403-223-3541 or foip@mdtaber.ab.ca



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Payment options

Please indicate how you will be paying for this request:

Please check one:

- By mail. Cheques or bank drafts should be made payable to the "Municipal District of Taber" and mailed to 4900B - 50 Street Taber, AB, T1G 1T2.
- In person. Cash, or Debit card can be made in person at 4900B - 50 Street, Taber Alberta.
- Online with credit card. If you wish to pay by credit card, payments are accepted via OptionPay:
<https://www.optionpay.ca/payment/municipal-district-of-taber/index.php>