



Access to Information Request

Contact Information (to be completed by the requestor)

SECTION 1

Name _____ Date _____

Organization (optional) _____

Mailing Address _____

Telephone _____ Email _____

Request

SECTION 2

What records are you seeking?

My personal information

General Information

I wish to obtain the following information:

If possible, I wish to receive the requested records in the following format: _____

Privacy Notice

SECTION 3

Collection of personal information through this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to respond to your request. Questions about the collection and use of the information may be directed to the ATIPP Coordinator at 576-8429 or atipp@stjohns.ca

Send completed form to:

ATIPP Coordinator
Office of the City Clerk
P.O. Box 908, 10 New Gower Street
St. John's, NL A1C 5M2

For further information:
Phone: 709-576-8429
Email: atipp@stjohns.ca



NEWFOUNDLAND AND LABRADOR, CANADA