



PLEASE PRINT

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](mailto: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](mailto:atipp@stjohns.ca)



NEWFOUNDLAND AND LABRADOR, CANADA