

Request for Information Form

Instructions

Personal information on this form is collected in accordance with New Brunswick's *Right to Information and Protection of Privacy Act* (RTIPPA). You can access many public body records without making a request under the *Right to Information and Protection of Privacy Act*. Public bodies make a lot of their information available through websites, and printed documents. If you cannot find what you are looking for, contact the [public body's Coordinator](#) to inquire if the information you are seeking is readily available.

ABOUT YOU

In this section of the form, please include:

- your last name, first name and preferred title, if any; the name of the company or organization you are representing, if applicable;
- your complete mailing address and daytime and evening telephone numbers so that the public body can contact you about the request; and
- a fax number or e-mail address, if any, where correspondence may be sent.

ABOUT YOUR REQUEST/INFORMATION YOU WANT TO ACCESS

- Please check **what kind of information** you want to access.
- Indicate the **name of the public body** to which you are making the request
- Indicate whether you would like to **receive a copy** of the record **or examine** the record in person.
- Be as specific as possible in describing the records i.e. time, place and event in order to identify the requested record(s). Feel free to add any additional information that you think may help with processing your request. If you need more space than provided, continue your description on a separate sheet of paper and attach it to the request form.

FEEES

- Please note: There are no longer any fees for requests made under the *Right to Information and Protection of Privacy Act*.

ABOUT YOUR PERSONAL INFORMATION

- There is no fee for accessing your own personal information.
- Please be sure to give your full name and any other names that you previously used and any identifying number that relates to the records in question.
- If you are requesting information on behalf of another person, please attach proof that you can legally act for that person. This authorization can be in the form of a signed letter, a Power of Attorney, or other legislated authorization. Please see [section 79](#) for more details.

WHERE TO SEND YOUR REQUEST

- Be sure to sign, date and send your request to the appropriate head of the public body, as defined in Part 1 of RTIPPA. The heads of the public bodies are listed in the [Directory of Public Bodies](#) on the RTIPPA website.

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ABOUT YOU:

Title	Last name	First name
Name of company or organization (<i>where applicable</i>)		
Mailing Address		
City or Town	Province	Postal Code
Home Telephone #	Work Telephone #	
Facsimile #	E-mail	

ABOUT YOUR REQUEST:

1. **What kind of information do you want to access?** Please check one.

- General Information
- My own personal information
- Information about another individual (*Please attach proof that you can legally act for that person. This authorization can be in the form of a signed letter, a Power of Attorney, or other legislated authorization. Please see [section 79](#) for more details.*)

2. To which public body are you making your request? (*Please fill in the name of the public body; you may consult the [Directory of Public Bodies](#) on the RTIPPA website for contact information.*)

3. **Do you want to:** receive a hard copy of the record? receive an electronic copy of the record?
 (Please check one) **OR** examine the record?

ABOUT THE INFORMATION YOU WANT TO ACCESS:

1. **What record do you want to access?** (*Please provide as much detail as possible – see instructions*)

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2. **What is the time period of the records?** *(Please give specific dates. See instructions for details.)*

YOUR SIGNATURE:

Signature	Date
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WHERE TO SEND YOUR REQUEST:

Send your request to the head of the public body that you believe has the information you want.

For contact information, consult the [Directory of Public Bodies](#) on the RTIPPA website.

FOR PUBLIC BODY USE ONLY:	
Date Received	Comments
Request Identification Number	

Option to Print