

# FORM #1 - Access to Information Application

Part XX – Municipal Government Act

\*Subsection 6(1)

---

TO: Heidi Schedler  
FOIPOP Administrator  
Halifax Water  
450 Cowie Hill Road  
PO Box 8388, RPO CSC  
Halifax NS B3K 5M1

(Telephone) 902-490-6101

(Fax) 902-490-6939

---

1. This is an application pursuant to Part XX of the Municipal Government Act (Freedom of Information and Protection of Privacy) for access to:

Check one:

- (a) applicant's own personal information; or
- (b) other information; or
- (c) both applicants' own personal information and other information.

According to Part XX, Section 461(f) of the Municipal Government Act, "personal information" may include but is not limited to the individual's name, address or telephone number; race, sex, sexual orientation, marital or family status; information about an individual's health care history, including a physical or mental disability; and/or information about the individual's educational, financial, criminal or employment history.

2. With the exception of requests pertaining to personal information, **all applications must be accompanied by a cheque or money order (made payable to Halifax Water) in the amount of \$5.00**

Check one: I have enclosed a cheque or money order in the amount of \$5.00.

3. I am applying for access to the following record (In the space below, 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.); names of Halifax Water personnel who prepared or may have knowledge of the information; or references to newspapers or publications which are known to have referred to the record):

---

---

---

---

---

# FORM #1 - Access to Information Application

Part XX – Municipal Government Act

\*Subsection 6(1)

Page 2

---

4. I wish to:  
Check one:                   (a) examine the record; or  
   (b) 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. If such is the case, you will be duly advised.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Print Full Name of Applicant: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

(Street/Apartment No./R.R. No.)

\_\_\_\_\_

(Community, Province)

(Postal Code)

Telephone Numbers of Applicant: (Residence) \_\_\_\_\_

(Business) \_\_\_\_\_

Fax Number of Applicant: \_\_\_\_\_

E-mail Address of Applicant: \_\_\_\_\_

### Collection & Use Disclosure Statement

In accordance with Section 485 of the Municipal Government Act, the personal information collected on this form will only be used and/or disclosed if necessary, for the purpose of processing this Access to Information Application. If you have any questions about the collection and use of this information, please contact Halifax Water's Privacy Administrator at 902-490-6101 or [privacy@halifaxwater.ca](mailto:privacy@halifaxwater.ca)