

Access to Information Request

First name	Last name
Name of company/organization (if	applicable)
Address	
	Province
Postal code	Email
Phone (day)	Phone (alternate)
What records do you wis	on of the records you wish to access.
What records do you wis Please provide a detailed description	h to access? on of the records you wish to access.
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Application fee

A \$20 application fee must accompany all requests.

The processing of this request will not begin until this fee has been received. A response may take up to 30 days.

I request that the application fee related to this request be waived because payment will

cause me substantial financial hardship. Details are as follows:		
including additional fees if necessary. Shoul	ntact you to seek clarification or to discuss aspects of the request, d fees to complete your search be necessary, you may request a de evidence of substantial financial hardship.	
Agreement		
	d under <i>The Freedom of Information and Protection of Privacy Act</i> and to your request.	
Applicant signature	Date submitted	
LIBRARY USE		
	30-day response date	
Application number		
Application fee received O Yes O No Comments	Applicant identity confirmed O Yes O No	

Payment method O Cash O Cheque (Make payable to: Saskatoon Public Library) O Requesting waiver of application fee