

DATE:					
IN-HOUSE: NAME: DEPARTMENT:					
TELEPHONE #: Ext. FAX # Email					
PUBLIC: NAME: DATE OF BIRTH: ADDRESS:					
BAND & NUMBER: (if applicable)					
TELEPHONE # (Home) (Cell) Email:					
TYPE OF REQUEST: Personal Telephone Written Fax Email TIME OF REQUEST:					
BRIEF DESCRIPTION OF INFORMATION REQUESTED:					
REASON FOR REQUEST:					
I have received and agreed to the fee schedule for costs involved: Applicant's signature: Date:					
APPROVAL GRANTED By the Chief Executive Officer: Date: By Council Resolution No.: Meeting Date:					
APPROVAL DENIED Reason:					
FOR RECORDS CENTRE USE ONLY					
INFORMATION FOUND: YES NO COMMENTS:					
COPIES ISSUED: @ \$1.25 each: \$					
TIME: DATE: Start @ End @ Time spent: Hour(s) Minutes DATE: Start @ End @ Time spent: Hour(s) Minutes					
FEE FOR TIME SPENT @\$12.00 per Hour: Hrs Min: \$ MONEY COLLECTED: \$					
SIGNATURE OF RMS OFFICIAL:					