



<p><b>REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY – DRAKENSTEIN MUNICIPALITY</b> (Section 18(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000) [Regulation 6])</p>	<p><b>OFFICE USE ONLY:</b></p> <p>Collaborator Ref No: _____</p> <p>File Ref No: _____</p>
---	--

This Request for Access form should be lodged with Drakenstein Municipality, P O Box 1, Civic Centre, Berg River Boulevard, Paarl, 7622, together with all relevant documents or delivered to the Records Section, 1st floor, Civic Centre, Berg River Boulevard, Paarl or can be sent per e-mail at [customer@drakenstein.gov.za](mailto:customer@drakenstein.gov.za).

<b>A</b>	<b>PARTICULARS OF PUBLIC BODY:</b>		
	<b>TO: INFORMATION OFFICER(CITY MANAGER) or DEPUTY INFORMATION OFFICER(EXECUTIVE DIRECTOR: CORPORATE SERVICES)</b>		
	<b>PUBLIC BODY</b>	Drakenstein Municipality	
	<b>STREET ADDRESS</b>	Civic Centre, Berg River Boulevard, Paarl	
	<b>POSTAL ADDRESS</b>	Po Box 1, Paarl, 7622	
	<b>TELEPHONE NUMBER</b>	021 807 4500	
	<b>FASCIMILE NUMBER</b>	021 870 1547 / 872 8054	
	<b>ELECTRONIC MAIL</b>	<a href="mailto:customer@drakenstein.gov.za">customer@drakenstein.gov.za</a>	
	<b>WEBSITE</b>	<a href="http://www.drakenstein.gov.za">www.drakenstein.gov.za</a>	

<b>B</b>	<b>REQUESTER: PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD -:</b>		
	<p>a) The particulars of the person who requests access to the record must be given below.</p> <p>b) The address and/or fax number in the Republic to which the information is to be sent, must be given.</p> <p>c) Proof of the capacity in which the request is made, if applicable, must be attached.</p>		
	Full name of Individual	_____	ID No: _____
	Physical Address	_____ _____ _____	

Postal Address	<hr/> <hr/> <hr/>		
Telephone No		E-mail	
Cell Phone No			
Request made on behalf of another person/entity?	Yes		No
Capacity in which the request is made, when made on behalf of another person/entity, e.g. as a director of a company/ as a trustee of a trust. (Attach letter of authority/ power to act on behalf.)			
<b>C</b>	<b>PARTICULARS OF PERSON ON WHOSE BEHALF THE REQUEST IS MADE:</b>		
	<i>Complete this section <b>ONLY</b> if a request for information is made on behalf of another person/entity.</i>		
	Full names and surname of individual/ Trust/ CC/ Company		
	Identity number/ Registration Number		
	Telephone No.		
	Cell Phone No		
	E – mail		
<b>D</b>	<b>PARTICULARS OF RECORD:</b>		
	<b>a) Provide full particulars of the record to which access is requested, including the reference number if that is known, to enable the record to be located.</b> <b>b) If the provided space is inadequate, please continue on a separate page and attach it to this form. The requester must sign all the additional pages.</b>		
	Description of record or relevant part of the record		

Reference number of record (if available)	
Any further particulars of record:	
Department/ Section where record originated from (if possible)?	
Reason for requesting record:	


**E FEES**

- a) A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid.
- b) You will be notified of the amount required to be paid as the request fee as well as the banking details and relevant reference number.
- c) The fee payable for access to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.
- d) If you qualify for exemption of the payment of any fee, please state the reason for exemption – reference to be made to the particular section of the Act.

Reason for exemption from payment of fees	

**F FORM OF ACCESS TO RECORD**

If you are prevented by a disability to read, view or listen to the record in the form of access provided for 1 to 4 below, state your disability and indicate in which form the record is required.

<b>Disability:</b>	<b>Form in which record is required:</b>
_____	_____
_____	_____
_____	_____

Mark the appropriate box with an X:

**NOTES:**

- (a) Compliance with your request for access in the specified form may depend on the form in which the record is available.
- (b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.
- (c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.

1. If the record is in written or printed form:

	Copy of record		Inspection of record
--	----------------	--	----------------------

2. If record consists of visual images – (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):

	view the images		copy of images		transcription of images
--	-----------------	--	----------------	--	-------------------------

3. If record consists of recorded words or information which can be reproduced in sound.

	Listen to soundtrack (audio cassette/ CD)		Transcription of soundtrack (written or printed document)
--	---	--	---

4. If record is held on computer or in an electronic or machine – readable form:

	printed copy of record		printed copy of information derived from record		copy in computer readable form (stiffy or compact disc)
--	------------------------	--	---	--	---

<p>If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? Note that postage will be payable.</p>	YES	NO
--	-----	----

Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available.

In which language would you prefer the record?	
--	--

<b>G</b>	<b>NOTICE OF DECISION REGARDING REQUEST FOR ACCESS:</b>	
	You will be notified in writing whether your request has been approved/denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.	
	How would you prefer to be informed of the decision regarding your request for access to the record?	
<b>SIGNED AT:</b> _____  <b>DATE:</b> _____  <b>SIGNATURE:</b> _____ <b>(REQUESTER)</b>  <b>NAME &amp; SURNAME:</b> _____		